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OFFICE OF POPULATION CENSUSES AND SURVEYS
SOCIAL SURVEY DIVISION

Pre-school children and the need for day-care

A survey carried out on behalf of
the Department of Health and Social Security

Margaret Bone



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Notes to tables

- 1 In all tables — indicates 0.5 per cent or less
- 2 Percentages have been rounded to the nearest whole number and therefore do not always add to exactly 100 per cent
- 3 NOS Not otherwise specified
- 4 NA Not applicable
- 5 Figures in brackets are actual numbers where base was too small for information to be given as percentages

1 Introduction—purpose and design of the survey

1.1 Origins and purpose

The purpose of the survey, commissioned by the Department of Health and Social Security, was to find out the extent of need for day care amongst pre-school children. The information was required by the Department as an aid to them in formulating policy guidance for local authorities on the development of day care over the next few years.

1.2 Day care and day provision

Day care normally comprises day nurseries, playgroups and child minders which are the responsibility of local Social Service Departments and ultimately of the DHSS. For the purposes of the survey, educational provision for under fives was also included amongst the services of interest since the children who benefit are receiving, amongst other things, day care. The facilities involved are nursery schools and classes, and primary schools attended by children under compulsory school age. Because of their inclusion, the whole range of facilities considered in the report will be termed day provision where appropriate.

In more detail, the facilities available are:

Day nurseries provide care for children under five years often in small 'family' groups for up to ten hours daily. Some are provided by local authority Social Service Departments, others by private and voluntary organisations including employers. Local authority day nursery places are provided mainly for children who have some priority social or health need of day care. Nurseries provided by private or voluntary bodies are required to be registered with local authority Social Services Departments.

Most of the staff of nurseries are qualified nursery nurses with some unqualified nursery assistants; all staff are under the supervision of a matron. Local Authorities may make charges for the use of their day nurseries and parents are assessed individually; in some cases charges are waived entirely. Some local authorities place and pay for priority children in nurseries run by private and voluntary bodies. Day nursery provision developed during the 1939–45 War.

Play groups provide play opportunities for children aged two to five years usually for sessions of up to three hours up to five days a week. They are mostly run by voluntary organisations, including groups of mothers, and are registered with local authority Social Service Departments from which some receive a subsidy. Some have staff trained in playgroup work and mothers are often encouraged to participate in their activities. Most make a charge for each session the child attends. The playgroup movement began in the 1960s. For the purposes of the survey mother and toddler groups were included as playgroups. These provide similar activities for the younger children but require the mother to be present at the time and for this reason are under no obligation to register with local authorities.

Child minders are people who look after other people's children in their own (ie the child minder's) home. Child minders are required by law to be registered with local authority Social Service Departments if they receive payment, the child concerned is not a close relative and is looked after for a period of at least two hours a day. Not all child minders are in fact registered. No attempt was made in the survey to find out whether child minders caring for the children were registered or not.

Nursery schools and nursery classes. Nursery schools cater mainly for children aged three and four and are normally open during school terms and for school hours only. Attendance is often part time. Nursery schools are of two main types: those maintained by local authorities are staffed by qualified teachers assisted by trained nursery nurses and assistants, and attendance is free of charge. Private nursery schools for which a charge is made must register with local authority Social Service Departments. Like day nurseries and playgroups they are obliged to meet minimum standards of health, safety and welfare but no specifically educational requirements are imposed. There have also been in the past a very small number of private nursery schools recognised by the DES as efficient educational establishments, but the system of recognition as efficient is due to end in 1977. Nursery classes offer a similar regime to nursery schools but are attached to schools which also cater for older children. The schools may be maintained by local education authorities, or (if they are independent) registered or (until 1977) registered as efficient by DES and

the general educational standards required by the establishment will apply to the nursery class.

The provision of day nurseries, like other social services, increased during the 1939–45 War in order to cater for small children who were evacuated or whose mothers worked. After the war ended the numbers of day nurseries declined and they came to be regarded as provision only for children with special health or social needs. This was because of the view of medical and other authorities that, in the interest of both mother and child, the proper place for under two year olds was at home with their mothers and that older pre-school children should not be separated from their mothers for the entire day¹.

In the last decade interest in day care has grown. This has been because of an increasing recognition on the one hand, of young children's need for stimulation and of the importance of the pre-school years for their future development and on the other hand, of mothers' manifest desire for such provision—shown by the growth of the largely voluntary playgroup movement—as well as of the increase of employment amongst women with families.²

1.3 What is need for day care?

In 1968, the DHSS specified needs in a note of guidance to local authorities as:

- i Children with only one parent (eg the unsupported mother living with her child) who has no option but to go to work and who cannot arrange privately for the child to be looked after satisfactorily.
- ii Children in need of temporary care because of their mother's illness.
- iii Children whose mothers are unable to look after them adequately because they are incapable of giving young children the care they need.
- iv Children for whom day care might prevent the breakdown of the mother or the break-up of their families.
- v Children whose home conditions (eg because of gross overcrowding) constitute a hazard to their health or welfare.
- vi Children whose health and welfare are seriously affected by a lack of opportunity to play with others.
- vii Selected handicapped children—ie children who are suffering from continuing disability of body, intellect or personality likely to interfere with their normal growth, development or capacity to learn.

Very much the same criteria were proposed by the Seebohm Committee in their report of the same year³

¹ See Joint Circular of the Ministry of Health (no 221) and Ministry of Education (no 75), 14 December 1945.

² See Britton, M—Women at Work, *Population Trends* 2, HMSO, 1975, pp. 22–25.

³ *Report of the Committee on Local Authority and Allied Personal Social Services*, Cmnd. 3703, HMSO, 1968, pp. 58–60.

but they expanded and elaborated some of the categories. They suggested that children of married mothers who had to work to augment a very low family income were in much the same position as children of lone mothers, and pointed out the difficult position of lone fathers with small children. They exemplified as inadequate mothers those who were mentally or physically incapacitated, and drew attention to the threat to family harmony posed by a child with difficult or abnormal behaviour. In addition they indicated other living conditions besides overcrowding (for example, flat-dwelling) which might create problems for mothers of young children and which could possibly be alleviated by day care. They also added to the list by focusing on the mothers and mentioned those who were socially isolated and those who needed some help in the care of several young children. Finally, they surmised that many parents wanted their children to experience constructive and social play before starting school.

The Department, in preliminary discussions, put much the same gloss as the Seebohm Committee upon the categories of need mentioned in the DHSS note of guidance and confined the seventh category to physical or mental handicap.

In order to assess the extent of need amongst a large representative sample of children it was necessary to specify more precise criteria than are given in the note of guidance, so that exactly the same relevant information could be obtained for every child in the survey. These criteria, based on the seven categories quoted earlier, were developed through the interpretations and examples given by the Department and the Seebohm Committee. The criteria are therefore derived from current national policy, but their application to the survey children is independent of local and temporal variations in its application.

The criteria used were:

- (1) (a) *Children of lone parents who have no option but to work*
Children of lone parents (as reported later, there is a difficulty in deciding whether such parents have to work). Also considered are:
 - (b) *Children with two parents*
 - (i) whose father's income fell below a criterion level—ie the mother could be considered to have strong economic reasons to work.
 - (ii) whose mothers did work whether or not they were obliged to do so.
- (2) *Maternal illness*
The number of child/days in a given period during which mothers were unable to cope with their children because of illness.
- (3) *Maternal incapacity*
Mental distress in the mothers. (This is confined to an assessment of depression and anxiety. No attempt was made to search for mental disorders likely to be rare in young mothers—eg schizophrenia.)

- (4) *Children whose constant presence threatens family unity or maternal health*
Children with behaviour difficulties.

- (5) *Home conditions*
Defined as accommodation which was overcrowded or which was inadequate in at least one of four ways.

- (6) *Lack of opportunity for play*
This was assessed in terms of the number of days a child had played with his contemporaries during the preceding week. No criterion of need was initially set up, since it was of interest to find out how frequency of play related, if at all, to behaviour difficulties. Also considered was the number of days a child had played out of doors.

(7) *Handicap*

Two groups of children were considered here:

- (a) those who were handicapped according to specified criteria
(b) those whose mothers were concerned they might be handicapped, although there was no evidence from the survey that they were handicapped.

Further details are given in the main body of the report later.

The necessity of defining exactly the kind of children included in each category inevitably means that some of those who might have been included on other interpretations are omitted, whilst others who might have been excluded are admitted. In the former case for example, maternal depression and anxiety are unlikely to be the only circumstances which impede good child care. Conversely many women who are depressed or anxious may nevertheless be good mothers, and it is no doubt a constellation of circumstances which determines whether or not a distressed mother is able to provide adequate child care⁴. In general, the criteria for each category may be seen as identifying a group of children where welfare is at risk rather than those whose need for help is necessarily dire and immediate. The unfortunate children to be found in this last group at any one time presumably arrive there through a coincidence of adverse events.

In order to find out how different types of need in fact coincide, the prevalence of each separate need is first examined and then, where necessary and possible, the easily identifiable characteristics of the children involved. The extent to which different needs overlap is shown in the final chapter and it will become apparent that some of the children concerned were in need for more than one reason, and that many other problems which were not included in the operational definitions of need trouble an undue proportion of families of the same children.

However, because of the number of areas of the children's lives which had to be included to arrive at some indication of total need, the amount of information which could be collected or presented on any one of them was quite limited. Moreover, the tabulated results necessarily lack the rich complexity of individual cases on which the professional fieldworker draws in assessing need, but they provide a systematic assessment of the extent of various kinds of defined need and the way they overlap for children in the country as a whole. They can be used as an aid in estimating the level of resources required to meet different types and combinations of need and may serve as a baseline against which variations from place to place, under different conditions, and over time, may be measured.

1.4 Looking for children in need

Showing the proportion of children in need of day care indicates something about the volume of resources required to meet the need, but on its own, nothing about where such resources should be concentrated. To help answer this second question much of the analysis in the following chapters is devoted to the administratively visible characteristics which distinguish children in need. And by 'administratively visible characteristics' we mean those which are, or could with little difficulty be, known to administrators and professionals concerned with children's welfare. For example, areas in which one or other social class predominates are often easily identified, and the mother's age at birth of the child is likely to be recorded at local clinics and by GPs.

For this reason, the selection of characteristics to describe the sampled children and to distinguish those in need was guided by two considerations which were: firstly, that they should be administratively visible; and secondly, that other research should have shown or suggested that they were related to specific relevant needs.

Our principal aim in showing relationships and associations between need and other circumstances is therefore not to suggest explanations for the needs, but only to identify the children involved.

The descriptive characteristics used vary somewhat according to the category of need concerned, and the distributions for some (for example, type of accommodation) are shown in the main body of the report. Six, which are of recurrent interest because they were expected or found to be related in some way to several types of need, were:

- children's age
- social class
- family size
- number of children under five
- mother's age at birth of eligible child
- mother's age at birth of first born child.

The percentage distribution of the children and/or mothers for these six variables, and the definitions of each are shown in Tables 1.1–1.6 in the Annex to this chapter.

⁴ What kind of care young children 'need' is itself open to many prescriptions and depends in turn on what kind of people it is considered that young children should be or become.

1.5 Method of enquiry

Since the object of the enquiry was to find out the prevalence of need in England and Wales and neither its incidence⁵ nor its causes, the chosen approach was a survey at one time point of pre-school children (defined here as children under five years of age). The kind of information needed about the children's family circumstances, as well as about the children themselves, could obviously not for the most part be obtained directly from the children, nor were systematic assessments by physicians, Health Visitors or Social Workers available to us. It was decided therefore, to interview the mothers, since they were the adults likely to be most informed about and involved with the children. The consequence of this decision is that the family's and child's state are what the mother alone perceived them to be, and that the type of day care used by the child, if any, is what the mother believed it to be.

The interview included sections on the child's health, behaviour and development, his play experience and use of day care, his mother's health, her desire for and views on day care for the child and her family's socio-economic and demographic characteristics. The main body of the interview was largely based upon the freer interview schedules devised for a study of the health and family circumstances of three year old children by Dr N Richman of the Department of Psychological Medicine at the Hospital for Sick Children, Great Ormond Street, and was developed by the Social Survey Division through pilot work into its final structured form (see Appendix 2).

In most cases the child's mother was interviewed (ie the mother, natural, step, adoptive or foster, was the informant for 99 per cent of the children). If no mother was available for interview, the child's father was interviewed, and failing a father, a mother substitute.

The informant was interviewed about each child under five years in her family and, in order to cater for anomalous situations, a family was defined as:

- A A married/cohabiting couple together with their never married children (natural, step, adopted or foster), providing these children had no children or their own.
- or B A lone parent with his/her never married children (natural, foster, step or adopted), provided these children had no children of their own.
- or C A child under five years who had no natural, step, foster or adoptive parent, together with his/her mother substitute/father substitute and his/her spouse, and the latter couple's natural, adopted or foster children (if any).

Eligible families were those which included one or more children under five years.

Interviewing was carried out from June to August 1974.

1.6 The sample design

(a) The population to be sampled and sample size

The population to be sampled was defined as all children aged under five years living in private households (ie not in residential institutions) in England and Wales. All those under five were included rather than only those not yet at school in order that figures of use of or need for day care could be related to a specific age group. Children in residential institutions however, were excluded because of the practical difficulty of sampling those involved. They are not normally eligible for day care, but their exclusion means that the sample is not as it ideally would be, representative of all under fives but only of those in private households. As probably less than one per cent of children of this age are resident in institutions⁶ (see Appendix 1), their omission should have little effect on the representativeness of the sample as a whole, although it is likely to mean that permissible inferences from specific sample results are restricted. For example, the proportion of handicapped children who are resident in institutions is probably not negligible and for this reason amongst others, no estimate of the prevalence of handicap amongst children under five can be made from figures given in Chapter 6.

It was calculated that a sample of 2500 children would yield adequate numbers in each single year age group and in the smaller need categories⁷.

(b) The procedure

A full account of this and its rationale are given in Appendix 1.

No suitable sampling frame of children under five years exists, and in order to derive the sample it was first necessary to draw a probability sample of addresses from the electoral register of such a size that it would provide the required number of children under five.

The number of addresses needed (about 14,000) was calculated by estimating the average number of under five year olds at each private address in England and Wales (obviously less than one) and allowing for an overall response rate of 85 per cent.

A three-stage stratified random sample design was used to select addresses from the electoral register. The units selected at the first stage were local authority districts, and the second stage units were wards or groups of wards; the third stage was a systematic random sample of addresses within the selected wards. The stratification used is described in Appendix 1.

Interviewers called at every selected address and identified its constituent households and the eligible families

⁵ 'Prevalence' means the proportion of the population (in this case 'in need'; 'incidence' means the rate at which new cases arise.

⁶ ie less than one per cent of children under five years were enumerated at institutions on Census night, 1971.

⁷ Ideally, the sample size would have been larger because, although numbers were adequate to provide sufficiently precise estimates of the proportions of children in most of the smaller groups of interest (eg using childminders or with lone parents), they severely limited the extent to which the situation of children in these small groups could be further examined.

(those including a child under five) amongst them. The mothers (normally) in eligible families were then interviewed about all their under five year old children, if there was more than one⁸. The inclusion of all under fives in the families results in some clustering of children but eliminates the need for reweighting and consequent biases at a later stage, which would have been necessary if only one eligible child in each family had been selected.

This design produces three potential samples:

- one of children under five, or whom (2501) were included
- one of mothers of children under five (1909) and
- one of families including children under five (1909)

Although our main interest is in the children, since it is they who use or need day care places, it will sometimes be convenient in the report to begin by considering the mothers (eg in the cases of maternal ill health) and then go on to see how many of the children were involved. Families have not been separately examined.

Because several stages were involved between the selection of addresses and the completion of interviews for eligible families, no single response rate is meaningful, and no combination reveals the unknown number of eligible families who were never identified. However, information was obtained on the composition of 94 per cent of the households identified at the selected addresses, and interviews were achieved for 95 per cent of the families identified as eligible.

1.7 The plan of the report

In the two chapters which follow this introduction we show first the extent to which day provision is used by and desired for children under five. Chapter 3 in fact, indicates the level of provision required if 'need' were defined to comprise all children whose mothers said they wanted them to use day provision. In Chapters 4 to 9 we examine each of the seven categories of need in turn (two are included in Chapter 5), identify where appropriate the children involved, and then show the proportions of those in need who use day provision or have mothers who would like them to do so. The final chapter is concerned with the total extent of need, allowing for the coincidence of different types of need, and shows how far needs coincide. This in turn is related to the use of and desire for day provision for children with different degrees of need in order to show the dimensions of unmet need, according to several different criteria.

⁸72 per cent of the eligible families included only one child under five years.

Annex. Social and demographic characteristics of children and mothers in the sample

Table 1.1 Percentage of children under five years in each single year age-group

Age	%
Under 1 year	17
1 year	19
2 years	22
3 years	21
4 years but under 5 years	21

Base: All children under 5 years (= 100%) 2501

Note: The child's age was his age at the time of interview, but his eligibility for inclusion in the sample was determined by his age at the time the interviewer first contacted his household. If for some reason the interview could not be carried out at the time of first contact, the child's age at interview would have been slightly greater than on initial contact. For this reason eleven children in the four year old group had actually had their fifth birthday by the time of interview.

Table 1.2 Percentage of (a) children under five years and (b) their mothers in each of the Registrar General's social classes

Social class		(a) Children	(b) Mothers
		%	%
Non-manual	I professional	6	5
	II managerial and technical	17	17
	IIIN and clerical, minor supervisory		
	IVN and semi-skilled non-manual	10	10
	Total non-manual	32	32
Manual	IIIM skilled manual	45	44
	IVM and semi and unskilled		
	V manual	15	15
	Total manual	60	59
Un-classified		8	8

Base: (a) Children under 5 years

(= 100%)

2501

(b) Mothers of children under 5 years

(= 100%)

1909

Note: The children and mothers were classified according to the child's father's occupation. If there was no father, the father was not working, or his job was inadequately described, the child was assigned to the 'unclassified' group.

Table 1.3 Family size according to social class

(a) Families	All classes	I	II	III and IVN	All non-manual	IIIM	IVM and V	All manual	Un-classified
Number of children in family:	%	%	%	%	%	%	%	%	%
1	33	29	30	35	31	31	30	31	55
2	39	43	42	41	42	41	34	39	23
3	18	23	20	16	20	17	21	18	11
4	5	3	5	5	5	6	6	6	6
5+	5	2	2	4	3	6	9	6	5
<i>Base: All families including child under 5 years (= 100%)</i>									
	1909	104	322	197	621	839	287	1126	161
(b) Children									
Number of children in family:									
1	25	20	23	27	24	23	23	23	45
2	44	52	48	47	48	44	39	43	29
3	20	22	21	16	20	20	21	20	12
4	6	3	5	4	5	6	7	7	6
5+	6	3	2	5	3	6	10	6	7
<i>Base: Children under 5 years (= 100%)</i>									
	2501	146	415	252	813	1121	373	1494	194

Note: The number of children means the number of children in the household belonging to the family, as defined on page 4.

Table 1.4 Number of children under five years in the family, according to social class

	All classes	I	II	III and IVN	All non manual	IIIM	IVM and V	All manual	Un-classified
Number of children under 5 years in family:	%	%	%	%	%	%	%	%	%
1	72	62	72	75	71	70	72	71	85
2	25	35	26	23	27	26	26	26	14
3	3	4	2	2	2	4	2	3	1
4	—	0	0	—	—	—	0	—	0
<i>Base: All families including child under 5 years (= 100%)</i>									
	1909	104	322	197	621	839	287	1126	161

Note: The number of children under 5 years means the number aged under 5, living in the household and belonging to the family as defined on page 4.

Table 1.5 Mother's age at birth of eligible child, according to social class

	All classes	I	II	III and IVN	All non-manual	IIIM	IVM and V	All manual	Un-classified
Mother's age at birth of eligible child:	%	%	%	%	%	%	%	%	%
< 20 years	8	1	2	4	2	9	9	9	20
20 years—	31	16	17	25	19	38	35	37	40
25 years—	25	44	49	42	46	31	27	30	22
30 years—	16	29	22	18	22	13	13	13	12
35 years and over	8	3	8	10	8	8	12	9	6
Not known	1	5	—	1	1	1	—	1	0
<i>Base: Children under 5 years (= 100%)</i>									
	2501	146	415	252	813	1121	373	1494	194

Note: Mother's age at birth of eligible child was calculated by deducting the mother's from the eligible child's date of birth. It was not possible to distinguish natural from step-children, but if the child was known to be adopted, etc, he appears in the Not known category.

Table 1.6 Mother's age at birth of her first born child, according to social class

(a) Distribution of children	All classes	I	II	III and IVN	All non-manual	IIIM	IVM and V	All manual	Un-classified
Mother's age at birth of 1st born child:	%	%	%	%	%	%	%	%	%
<20 years	24	5	10	12	10	28	34	30	38
20 years—	46	29	41	45	40	50	46	49	42
25 years—	24	52	38	33	40	16	13	16	14
30 and over	6	8	10	6	8	4	7	5	4
Not known	2	5	1	2	2	2	1	2	1
Base: Children under 5 years (= 100%)	2501	146	415	252	813	1121	373	1494	193
(b) Distribution of mothers									
Mother's age at birth of 1st born child:									
<20 years	23	6	10	12	10	28	31	28	38
20 years—	45	28	40	46	40	49	46	48	41
25 years—	24	52	39	33	40	17	14	16	16
30 and over	7	11	11	7	10	4	8	5	4
Not known	1	4	1	2	2	1	1	1	1
Base: Mothers of children under 5 (= 100%)	1909	104	322	197	621	839	287	1126	161

Note: The mother's age at birth of her 1st born child was calculated by subtracting the mother's date of birth from that of her eldest living child, whether or not the child lived in the household. If the child was known to be adopted, etc, he appears in the Not known category.

2 Use of day provision

2.1 Use of all forms of day provision *day care and day provision*

Day care usually means playgroups, day nurseries, crèches and childminders, but the range of services considered in the present enquiry was extended to include nursery schools and classes as well as primary schools. This was because the educational facilities provide amongst other things, care and occupation for young children and respite for their mothers, and are therefore an alternative to what is termed day care. The full range of services including educational facilities, will be called here 'day provision'.

Care by unpaid relatives, friends and neighbours is excluded from the definition, although the extent to which the children of employed mothers were looked after by these people during working hours is shown in Chapter 3.

'Use' means that, according to his mother, the child went to one of the specified facilities or was cared for by a childminder. Frequency of attendance was not part of the definition of use but, as will be seen in section 5 of this chapter almost all users went at least once a week.

2.2 Use according to age, social class and parental income

At the time of the enquiry, 32 per cent of the children were using some form of day provision, and this included three per cent who were already attending primary school and six per cent who went to a nursery school or class.

As might be expected, the use of facilities increased with age so that whilst 72 per cent of four year olds were receiving day provision, only four per cent of children under one year were doing so (Table 2.1). Altogether, 80 per cent of day provision users were aged three or four.

Table 2.1 Use of day provision by children under five years, according to age

	Age of children					
	All ages	Under 1 year	1 year	2 years	3 years	4 years
	%	%	%	%	%	%
Day provision:						
Used ¹	32	4	8	19	47	72
Not used	68	96	92	81	53	28
Base: Children under 5 years (= 100%)	2501	430	468	541	529	533

¹ Includes children attending nursery and primary schools.

Table 2.2 Use of day provision by children under five years, according to social class

	All classes	I	II	IIIN and IVN	Total non-manual	IIIM	IVM and V	Total manual
	%	%	%	%	%	%	%	%
Day provision:								
Used	32	40	40	32	37	29	24	28
Not used	68	60	60	68	63	71	76	72
Base: Children under 5 years (= 100%)	2501 ¹	146	415	252	813	1121	373	1494

¹ Includes 194 unclassified children (see Chapter 1).

Use varied with social class and a rather lower proportion of the children of manual than of non-manual workers were users: thus, at one extreme 40 per cent of professional workers' children, but only 24 per cent of those of semi and unskilled manual workers, were users.

The difference between the two groups was small for children under three years, amongst whom use is generally low, but for children aged three about 60 per cent of the non-manual and under 40 per cent of the manual group were receiving day provision. At age four however, the gap, whilst still apparent had narrowed

again (Table 2.3). This implies that children of non-manual parents make use of day provision at an earlier age than others.

But although children from the non-manual group were more likely than others to use day provision, over half the users were children of manual workers and this is because they form a considerable majority of all the under fives. Thus 53 per cent of users were children of manual workers and 38 per cent of children of non-manual workers, the remainder being unclassified.

Table 2.3 Use of day provision by children under five years, according to age and social class

	All ages and classes	Under 1 year		1 year		2 years		3 years		4 years	
		non-manual	manual	non-manual	manual	non-manual	manual	non-manual	manual	non-manual	manual
Day provision:	%	%	%	%	%	%	%	%	%	%	%
Used ¹	32	8	2	9	6	21	17	61	38	79	69
Not used	68	92	98	91	94	79	83	39	62	21	31
Base: Children under 5 years (= 100%)	2501	134	266	150	277	188	318	178	309	164	324

¹ Includes 193 unclassified children (see Chapter 1).

Table 2.4 Use of day provision according to joint parental income²

	Joint parental income per week-						
	All incomes	< £21	£21-£30	£31-£40	£41-£50	£51-£60	Over £60
	%	%	%	%	%	%	%
(a) All children under five years							
Day provision:							
Used	32	26	24	25	35	43	45
Not used	68	74	76	75	65	57	55
Base: Children under 5 years (= 100%)	2501 ¹	161	432	701	490	288	258

¹ Total includes 171 children for whom parental income is not known.

(b) Children whose fathers were non-manual workers

Day provision:							
Used	37	7	18	28	38	41	45
Not used	63	13	82	72	62	59	55
Base: Children of non-manual workers (= 100%)	813 ¹	20	67	160	173	140	188

¹ Total includes 65 children for whom parental income is not known.

(c) Children whose fathers were manual workers

Day provision:							
Used	28	16	24	23	33	44	41
Not used	72	84	76	77	67	56	59
Base: Children of manual workers (= 100%)	1494 ¹	37	324	521	308	144	64

¹ Total includes 96 children for whom parental income is not known.

² Joint parental income from all sources after deductions for tax, etc.

Use was also related to parental income so that children with the wealthiest parents, relatively speaking were most likely to be users. This is unsurprising, since income is related to social class. It is interesting, however, that the relationship between day provision use and income was evident within each social class, which suggests that regardless of the effect of social class, the actual or supposed cost may influence use (Table 2.4(a)–(c)).

2.3 Types of day provision used

The most commonly used facility according to the mothers' reports, was the playgroup, attended by 18 per cent of the children—that is, rather over half of all children using day provision (Table 2.5).

The figures shown were obtained by asking the mothers whether each of her under five year old children went to any of the facilities specified. No attempt was made to define any, nor, for the most part, were the answers subsequently reclassified¹. As a result, it cannot be assumed that the mothers understood each facility to have its current administrative definition.

2.4 Types of day provision used, according to use, social class and parental income

Only use of playgroups and nursery or primary schools increased with age. For example, one per cent of two year olds attended playgroups, but over a third of three and four year olds did so; similarly, one per cent of two year olds, compared with 33 per cent of four year olds, went to nursery or primary schools (Table 2.6).

The steepest increase in reported playgroup use occurred between the ages of two and three, but for nursery or primary schools between three and four years, and it can be seen that at age four the proportions of children said to be attending a playgroup or educational provision were roughly equal—about a third of the four year olds, in each case.

Use of childminders, day nurseries and crèches did not appear to be related to age, but because use of other forms of provision were quite rare before the age of two,

Table 2.5 Types of day provision used by children under five years

	%
Playgroup	18
Nursery school/class	6
Already at primary school	3
Day nursery	2
Childminder	3
Crèche ²	1
None	68

Base: Total children under 5 years (= 100%) 2501

- Notes: (a) Twenty seven children (about one per cent) were using more than one facility and are included more than once.
(b) The categories include facilities for handicapped children.

use of childminders formed a relatively high proportion (40 per cent) of all use amongst these youngest children.

It was shown earlier that use of day provision generally was rather more common amongst the children of non-manual than of other workers, and also that playgroups were the dominant type of provision used. It is therefore not surprising that it was use of playgroups which differed most between the non-manual and manual groups (Table 2.7). Amongst children who actually used day provision however, there was no difference between the social classes in the type of facility used.

Use of playgroups increased with joint parental income and so did that of educational forms of day provision, except that, in the latter case use by children of the poorest parents was relatively high (Table 2.8). But, as in the case of social class, amongst the children who had become users, parental income made no difference to the type of facility patronised.

1 Exceptions were:

- (a) relatives, friends and neighbours paid to care for the children of employed mothers during working hours who were reclassified as 'childminders'.
(b) 'Mother and toddler' groups which were placed in the playgroup category.

2 At least some of the crèches were evidently day nurseries provided by the mother's employers.

Table 2.6 Types of day provision used by children under five years, according to age

Type of day provision:	Age of children					
	All ages	Under 1 year	1 year	2 years	3 years	4 years
	%	%	%	%	%	%
Playgroup	18	1	3	13	34	35
Nursery/primary school	9	—	—	1	9	33
Day nursery	2	—	1	2	3	3
Childminder	3	2	3	3	3	3
Crèche	1	—	1	—	1	—
No day care	68	96	92	81	53	28
Base: Children in age-group (= 100%)	2501	430	468	541	529	533

2.5 Frequency and duration of day provision attendance
Users attended most frequently five days a week—40 per cent of users did so. But amongst those who went less often, the usual frequency was twice a week. Only one per cent went less than once a week.

The pattern of attendance differed fundamentally between playgroups and other facilities. Most of those said to be at playgroups went only once or twice a week,

whilst most of those using other sources, except for the few in crèches, went for five days a week (Table 2.9).

Most children used day provision for half a day only, usually mornings, and only about a quarter of the users spent the whole day in care. Again, the pattern differed as one might expect according to the facility said to be used. The majority at playgroups attended in the mornings only and so did about half of those at nursery

Table 2.7 Types of day provision used by children under five years, according to social class

	All classes	I	II	III and IVN	Total non-manual	III M	IV M and V	Total manual
Type of day provision used:	%	%	%	%	%	%	%	%
Playgroup	18	24	21	23	22	18	13	17
Nursery/primary school	9	10	14	5	10	9	8	8
Day nursery	2	1	2	2	2	2	1	2
Childminder	3	4	3	2	3	2	2	2
Crèche	1	1	1	—	1	—	—	—
No day care	68	60	60	68	63	71	76	72
Base: Children in social class (= 100%)	2501 ¹	146	415	252	813	1121	373	1494

¹ Includes 193 unclassified children (see Chapter 1).

Table 2.8 Types of day provision used, according to joint parental income

	Joint parental income per week						
	All incomes	< £21	— £30	— £40	— £50	— £60	Over £60
Type of day provision:	%	%	%	%	%	%	%
Playgroup	18	9	14	16	22	21	26
Nursery/primary school	9	11	7	7	9	13	13
Day nursery	2	4	2	1	1	4	2
Childminder	3	2	1	1	3	6	4
Crèche	1	1	0	0	1	1	2
No day care	68	74	76	75	65	57	55
Base: Children under 5 years (= 100%)	2501 ¹	161	432	701	490	288	143

¹ Includes 171 children for whom parental income is not known.

Table 2.9 Frequency of attending day provision by children under five years, according to type used

	Type of day provision used						
	All types	Play group	Nursery school	Day nursery	Child-minder	Primary school	Crèche
Number of days per week attended:	%	%	%	%	%	%	Number
1	15	24	5	0	9	2	(5)
2	28	44	4	4	18	0	(3)
3	10	15	7	6	2	0	(0)
4	5	6	3	4	9	1	(1)
5	40	9	80	84	60	93	(4)
6	—	0	0	0	2	0	(0)
Less than once a week	1	1	1	2	0	2	(1)
Base: All day provision users (= 100%)	790	459	148	49	65	83	14



schools, but more than a quarter of the latter group were there for the whole school day. By contrast, most of the children said to be in primary schools, day nurseries and with childminders spent the entire day in care (Table 2.10).

Day provision usually began between 8.45 and 9.45 in the mornings, especially in the case of playgroups and educational facilities; children in day nurseries or with childminders, however, were often in care before this: 28 per cent of those with childminders and ten per cent at day nurseries were looked after from before 8.00 am, and altogether six per cent of the users began care before 8.45 in the morning.

Seven per cent of the users left care after 4.00 in the afternoons and most of these were with childminders or in day nurseries, and about 15 per cent of these children returned to their families after 5.00 pm.

Typically, then, children at playgroups went to them for one or two mornings a week, those at nursery or primary schools spent half or a whole school day there five times

a week, while many of those in day nurseries and, to a lesser extent, those with childminders spent most of their waking hours every weekday in care.

2.6 Cost of attendance

Use of day provision was free for 16 per cent of the children concerned, and for most of the remainder it was less than £1.50 per week (in 1974). The cost however, varied considerably according to the facility used. About half the children attending nursery school or classes and a third of the small group in day nurseries, were receiving free care, whilst only seven per cent of the children at playgroups did not have to pay. On the other hand, playgroup use rarely cost as much as £1.50 a week, but parents of over 40 per cent of the children in day nurseries had to pay as much as or more than this. The most expensive facility was the childminder. The cost for 70 per cent of the children concerned was £1.50 or more a week, and for 20 per cent it was £5.00 or more (Table 2.11). Day nurseries and childminders were of course, used for more hours each week than playgroups and the difference in cost is explicable on these grounds.

Table 2.10 Period of day spent in day provision, according to type used

	Type of day provision used						Crèche
	All types	Play-group	Nursery school	Day nursery	Child-minder	Primary school	
Time of day in care:	%	%	%	%	%	%	Number
Mornings only	56	76	53	10	22	8	(8)
Afternoons only	20	25	16	8	3	6	(3)
All day	24	—	28	78	68	80	(3)
Not known	2	2	2	4	8	6	(0)
Base: Children in day provision (= 100%)	790 ¹	459 ¹	48	49	65	83	(14)

¹ Columns total more than 100 per cent because a few children attended morning session some days and afternoon session on others.

Table 2.11 Cost per week of day provision, according to facility used

	Type of day provision						Crèche
	All types	Play-group	Nursery school	Day nursery	Child-minder		
Cost per week:	%	%	%	%	%		Number
Free	16	7	49	33	2		(5)
Less than £1.50	56	85	27	20	20		(8)
£1.50 but less than £5	11	4	15	26	51		(0)
£5 or more	3	0	3	16	20		(0)
Not known	13 ¹	3	7	4	8		(1)
Base: Children using day provision (= 100%)	790 ¹	459	148	49	65		(14)

¹ Includes 83 children at primary school.

3 Desire for day provision and experience of provision

3.1 Desire for day provision of any kind

Provision was wanted for twice as many children as were receiving it, so that whilst 32 per cent of children were using facilities, they were desired for 64 per cent. Desire, like use, increased with the children's age; mothers would have liked provision for 20 per cent of the children under one year, but for about 90 per cent of those aged four. The greatest gap between use and desire occurred for children of two years, at which age provision was desired for as high a proportion as were actually receiving it at the age of four years—over 70 per cent.

Desire is defined here as the number of children who were already receiving day provision together with those whose mothers would have liked them to receive it. The information was obtained by asking the mothers which if any, of a list of facilities (excluding primary school) they would like for their child at present, and those children who were either currently using day provision (including primary school) or whose mothers chose one of the listed types were considered to be children for whom provision was desired. The results should not be taken too literally to indicate the exact numbers who would take up places

Table 3.1 Desire for day provision for children under five years, according to age

Desire	Age					
	All ages	Under 1 year	1 year	2 years	3 years	4 years
	%	%	%	%	%	%
Day provision used	32	4	8	19	47	72
Not used but desired	33	16	34	53	40	19
Total desiring provision	64	20	41	72	87	91
Day provision not desired	34	75	56	26	12	9
Not known	2	5	3	2	1	—
Base: Children under 5 years (= 100%)	2501	430	468	541	529	533

Table 3.2 Desire for day provision for children under five years, according to social class

Desire	All classes	I	II	III N and IV N	Total non-manual	IIIM	IVM and V	Total manual
	%	%	%	%	%	%	%	%
Day provision used	32	40	40	32	37	29	24	28
Not used but desired	33	22	26	36	28	33	39	34
Total desiring provision	64	61	65	68	65	62	64	62
Day provision not desired	34	37	33	31	33	36	33	35
Not known	2	2	2	1	2	2	4	2
Base: Children under 5 years (= 100%)	2501 ¹	146	415	252	813	1121	373	1494

¹ Includes 193 unclassified children (see Chapter 1).

if facilities were suddenly to become available for all under fives. Some evidence for this comes from the answers to a further question put to mothers who chose no form of provision for the child concerned. We also asked them whether, if they could stay and help at a playgroup and so on, they would then like their child to attend. In these circumstances, provision was desired for a further six per cent of the children. Had other aspects, for example, the cost been specified, the number for whom it was wanted might have been reduced. This suggests that desire and actual use will vary according to the kind and style of provision offered. The figures should therefore be taken only as a general guide to differences between actual and potential use, and of trends in the latter.

Unlike actual use, desire for day provision differed little between the social classes, and this applied whatever the age of the children concerned but less certainly so to three year olds, at which age provision was desired for 90 per cent of non-manual and for 84 per cent of manual workers' children (Tables 3.2 and 3.3).

Day provision was most likely to be wanted for children of parents whose joint income was £20 a week or less (75 per cent), but above this income level the proportion for whom it was desired appeared to increase somewhat with parental income from about 60 per cent to 70 per cent.

3.2 Demand for day provision

By demand we mean here those children who were using day provision or whose mothers were trying to get the child into a playgroup, nursery school or day nursery and wanted him to start as soon as possible. It is a better indication than desire of the immediate pressure on provision, but fails to measure the extent of potential use, since attempts to use a service are usually only made if accessible sources are known.

According to this definition, provision was demanded for 39 per cent of under five year olds—that is, seven per cent more than were actually using it. Unmet demand was greatest for two and, particularly, for three year olds¹ (Table 3.4).

3.3 Types of day provision preferred

The specific type of facility preferred, shown in Table 3.5, may be even less reliable than the general desire for day provision as an indication of what mothers would actually do with their children if every kind were to be available—that is, although the reasons given for preferring particular facilities indicate that most mothers knew the kind of provision they were choosing (for example,

¹ Demand for childminders is excluded. If mothers of all non-users for whom childminders were desired were actively seeking them (which is unlikely), unmet demand would be increased by two per cent, from seven per cent to nine per cent.

Table 3.3 Desire for day provision for children under five, according to age and social class

Desire	Under 1 year		1 year		2 years		3 years		4 years	
	non-manual	manual	non-manual	manual	non-manual	manual	non-manual	manual	non-manual	manual
Day provision used	%	%	%	%	%	%	%	%	%	%
Not used but desired	8	2	9	6	21	17	61	38	79	69
Total desiring provision	12	16	29	33	50	54	29	47	13	19
Day provision not desired	19	18	38	40	72	72	90	84	93	89
Day provision not desired	76	77	59	58	27	26	10	14	7	10
Not known	4	5	3	2	1	2	0	1	0	1
Base: Children under 5 years (= 100%)	134	266	150	277	188	318	178	309	164	324

Table 3.4 Demand for day provision according to age

Demand	Age					
	All ages	Under 1 year	1 year	2 years	3 years	4 years
Day provision used	%	%	%	%	%	%
Not used but demanded	32	4	8	19	47	72
Total demanding day provision	7	—	4	12	16	2
Day provision used	39	4	12	31	63	74
Base: Children under 5 years (= 100%)	2501	430	468	541	529	533

over two thirds of the nursery school choices were made for educational reasons) the kind of experience mothers might think desirable for their children or convenient for themselves and their perceptions of different facilities in a future and real choice situation are unpredictable. The findings of the survey therefore show only the difference between use and preferences at a particular period when the full range of facilities was not generally available.

Notable, apart from the preference for more of everything except childminders, is the relatively high proportion of children for whom educational day provision was preferred. Nursery schools or classes were preferred for 20 per cent of the children, compared with the six per cent said to be using them. If to this 20 per cent are added those children already said to be at primary school (for whom the question was not asked) educational facilities were desired for about as many children as were playgroups—about a quarter. Moreover, nursery education would have been preferred for about a quarter or more of the children who were currently using either playgroups, day nurseries or childminders.

Childminders were selected for about the same number of children as were actually using them, but most of the votes related to children who were currently non-users of day provision. For the great majority of the children who were with childminders, other forms of provision would have been preferred.

The preference for educational provision increased with the child's age (Table 3.6) and at all ages more would have been preferred than was actually used. About 10 per cent of the three year olds, for example, were said to be at nursery or primary school (see Table 2.6), but nursery education was wanted for over a third of the age-group. On the other hand, preference for playgroups increased only up to the age of two years and exceeded use up to the age of three years. But for children of four years, preference was less than use—that is, playgroups were chosen for about 20 per cent of four year olds, but used by more than a third of the age-group.

The pattern applied to children of both manual and non-manual workers, but educational day provision was

Table 3.5 Types of day provision preferred, according to types used

	Type of day provision used						
	All types	Play-groups	Nursery school/class	Day nursery	Child-minder	Others	None
Type of day provision preferred:	%	%	%	%	%	Number	%
Playgroups	25	53	3	2	11	(7)	22
Nursery school/class	20	30	73	22	28	(1)	14
Day nursery	7	4	5	67	12	(0)	7
Childminder	3	—	1	0	29	(0)	3
More than one type	1	1	2	0	6	(0)	1
Crèche	1	—	0	0	0	(3)	1
None	37	6	3	9	14	(2)	51
Not known	2	5	13	4	0	(1)	1
(Already in primary school)	3						
Base: Children under 5 years (= 100%)	2501	459	148	49	65	(14)	1711

Table 3.6 Types of day provision preferred, according to child's age

	Age of children					
	All ages	Up to 1 year	1 year	2 years	3 years	4 years
Type of day provision preferred:	%	%	%	%	%	%
Playgroup	25	4	19	39	37	21
Nursery school/class	20	1	4	16	35	41
Already in primary school	3	0	—	0	—	15
Day nursery	7	6	9	9	8	5
Childminder	3	6	4	3	1	2
Crèche	1	2	2	—	1	0
More than one type	1	—	1	1	2	1
None	37	81	60	30	14	11
Not known	2	1	1	1	3	4
Base: Children under 5 years (= 100%)	2501	430	468	541	529	533

preferred for rather more of the latter at ages three or four. Thus, whilst nursery education would have been preferred for 44 per cent of the three to four year old non-manual group children, it was chosen for only 33 per cent of the manual group children of the same age.

It can be seen in Tables 3.5 and 3.6 that day provision was not wanted for 37 per cent of all the children. This is greater than the 34 per cent for whom it was shown as not desired in Tables 3.1 and 3.2. The difference arises, as Table 3.5 shows, because mothers of some of the children using facilities would have preferred them not to have done so. This kind of dissatisfaction was related to the age of the children concerned, so that their mothers would have preferred no day provision for over a quarter of the children under two years who were using it, but for less than three per cent of the three and four year olds involved. Presumably the children in question were using day provision through force of external circumstances rather than because the mothers chose a particular pattern of life which involved day provision for their children.

3.4 Views on facilities

For the great majority (85 per cent) of the children who used day provision, the arrangement was said by their mothers to be satisfactory, whatever type was used, but it was mothers of children who were receiving nursery or primary education who were most likely to be generally satisfied.

Most of the reasons given for finding the arrangement unsatisfactory had to do with the availability of the facility. This may be because the general question on satisfaction came immediately after one on the convenience of the arrangement for the informant. It appeared however, that for most children using day provision their mothers were satisfied with all the aspects covered in the interview, and not only with the convenience of the arrangement for themselves. Most children were said to enjoy the experience and few provoked doubts about its value for them, whilst mothers of the majority felt they knew enough about how the child got on whilst he was in day provision or at school (Table 3.7).

Table 3.7 Parents' views on the day provision facilities used by their children

	Type of day provision used						Number
	All types	Play-group	Nursery school	Day nursery	Child-minder	Primary school	
Child's parent:	%	%	%	%	%	%	
Says arrangement is satisfactory	85	84	93	78	71	90	(13)
not satisfactory	12	14	5	20	14	5	(0)
no answer	4	2	2	2	15	5	(1)
<hr/>							
Says arrangement is convenient	87	87	90	92	77	89	(13)
inconvenient	8	10	7	6	8	5	(0)
other answer	1	1	1	0	1	0	(0)
no answer	4	2	2	2	15	5	(1)
<hr/>							
Says child enjoys going	93	92	95	94	88	93	(10)
does not enjoy going	4	5	2	4	0	2	(1)
other answer	1	1	1	0	2	1	(2)
no answer	3	2	2	2	11	4	(1)
<hr/>							
Has no doubts/worries about value	86	87	90	86	65	89	(10)
Has doubts/worries about value	9	9	8	12	18	5	(0)
Other answer	1	1	0	0	3	1	(3)
No answer	4	3	2	2	14	5	(1)
<hr/>							
Feels she know enough about how child gets on	81	82	82	80	85	72	(9)
does not know enough	15	14	15	18	2	24	(3)
other answer	1	1	1	0	3	0	(1)
no answer	4	3	3	2	11	4	(1)
Base: Children using facility (= 100%)	790	459	148	49	65	83	(14)

It is unwise to read too much into the mostly small differences which appear between views relating to children using different facilities, and particularly because the numbers on which the findings are based are also small in most cases. But it seems that, on most aspects considered, more of the children in nursery education than in any other group had mothers who were content, least of the children using day nurseries and childminders (although day nursery care was most often found convenient), whilst mothers of children with childminders were most likely to feel they knew enough about how the child fared when he was in day provision. Mothers of rather more children at primary school than of other children said they did not know enough about how their children got on, but this could be because at this stage they became more concerned about their children's progress as well as their welfare.

One curiosity here is that on all but one of the aspects covered mothers of children with childminders were no more likely than others to be critical of the facility, although as shown earlier, for most children with childminders other types of provision were preferred. The exception concerns the value of the experience for the

child, and in this case rather more of the children with childminders than other users had mothers who doubted that the arrangement was good for them. It may be that what worries most of the mothers concerned is the popular stereotype of childminders, rather than any bad experience of the arrangements for their own child. This is not to imply that there are no unsuitable childminders—there is evidence from elsewhere to show that there are—but only that on the basis of the numbers involved and from answers to the questions we asked, and in particular that on whether the child enjoyed the arrangement, it is not possible to say whether and in what ways childminders in general may be less satisfactory than other forms of provision.

3.5 Reasons for dissatisfaction

We said earlier that the most common complaint about the facility used related to availability—that is, that sessions were too infrequent, too brief, or that taking and collecting the child was difficult. A better picture of what leads to real dissatisfaction can perhaps be gained from the seven per cent of children who had used day provision in the past but had stopped doing so. Some had left because the facility was no longer available to them

Table 3.8 Participation in day provision

	Type of day provision used					
	All types	Play-group	Nursery school	Day nursery	Primary school	Crèche
Child's parent:	%	%	%	%	%	Number
ever spends time at facility	36	46	17	26	16	(7)
never spends time at facility	60	49	79	67	76	(5)
no answer	5	5	4	6	8	(2)
<hr/>						
says mothers are welcome to participate	50	64	30	29	19	(6)
says mothers not welcome	39	24	63	57	65	(2)
says mothers welcome to stay but not to help	1	1	1	0	0	(0)
don't know	6	6	3	10	7	(0)
other answer	2	2	0	2	2	(5)
no answer	3	4	3	2	6	(1)
<hr/>						
likes/would like participation	33	37	21	29	NA	(5)
prefers to leave things to those who run them	50	46	62	55	NA	(4)
would like to know what children are doing, but not to participate	3	4	2	2	NA	(1)
other answer	3	3	3	4	NA	(2)
no answer	11	10	13	10	NA	(1)
<hr/>						
thinks it helps to have break from child whilst he is in day care	84					
thinks it does not help	6					
				—not applicable—		
does not get a break	4					
other	1					
no answer	5					
	1	459	148	49	83	14

Base: Children using facility (= 100%)

¹ Base for 'all types' for first 2 sections of table = 725

for third section of table = 642—ie excludes answers for children at primary schools

for fourth section of table = 790—ie includes answers for children using childminders

or because the arrangement had been intentionally temporary, but by far the most commonly given single reason was that the child had been unhappy—this applied to one third of past users.

3.6 Participation

It has been one of the main aims of the playgroup movement in particular, to involve mothers in the day care of their children, and it is therefore relevant to know to what extent the children's mothers participated and how many wished and felt they had the opportunity to do so.

More of the children said to attend playgroups than others had mothers who sometimes spent time at the facility (46 per cent) and least of those who were in primary or nursery education (16 per cent and 17 per cent) (Table 3.8). Mothers of playgroup children were also most likely to feel their participation was welcomed, and mothers of primary school children least so.

The single commonest form of participation involved helping with the children, rather than with equipment or merely looking on. Even so, for about a third of the children whose mothers participated this excluded involvement in the children's activities.

Forty one per cent of all the children, and 33 per cent of those using facilities, had mothers who enjoyed or would enjoy participation. Many users, however, had mothers who did not wish to participate and even amongst those with mothers who did help, only about half (47 per cent) had mothers who said they liked doing so. Participation

was wanted for many less (19 per cent) of the children whose mothers never stayed. In fact, for the overwhelming majority of users their mothers welcomed the respite from the children offered by day provision. On the other hand, 46 per cent of non-users had mothers who said they would like to be involved if their child were to become a user.

The extent and kind of help these mothers could give is not known from the survey, and it seems likely that their willingness would vary with the mode of involvement. But the evidence that approaching half of the non-users had mothers who said they would like to participate suggests that there remains a large and untapped potential source of practical support for further provision.

3.7 Preferred frequency and hours of attendance

The potential call on resources indicated by the desire for day provision depends not only on the number of children for whom it is wanted but also on the frequency and duration of desired attendance compared with actual attendance. These are shown in Table 3.9 as percentages of all under fives. It can be seen that most of the desired, like actual provision, was for mornings only, and particularly for two, three or five mornings a week. The percentage for whom all-day provision was wanted considerably exceeds those for whom it was provided, but half the excess is for all-day provision only two or three times a week. The proportion for whom all-day provision is wanted however, omits those children who were currently receiving it but whose mothers would have preferred less. The effect is illustrated in the case of preferred starting and ending times.

Table 3.9 Actual and preferred frequency and duration of day provision attendance

	(a) Actual number of days per week attending						
	All days	0	1	2	3	4	5 or more
Times of day attending:	%	%	%	%	%	%	%
Mornings	17	0	2	6	3	1	4
Afternoons	5	0	2	2	—	—	1
All day	8	0	—	1	—	—	7
None of day	68	68	0	0	0	0	0

Base: All children under
5 years (= 100%) 2501

	(b) Preferred number of days per week attending						
	All days	0	1	2	3	4	5 or more
Times of day preferred:	%	%	%	%	%	%	%
Mornings	35	0	2	13	10	2	10
Afternoons	8	0	1	3	2	—	2
All day	18	0	—	2	4	—	11
None of day	38	38	0	0	0	0	0

Base: All children under
5 years (= 100%) 2501

It was rare for preferred starting times to be earlier than the commonest actual starting period (between 8.45 and 9.45 am), or for preferred finishing times to be later than 4.00 pm. In fact, for about half of the children who started unusually early or ended unusually late, later starts and earlier finishes would have been preferred and this must reflect some lack of choice for their mothers in the way the latter were able to arrange their day.

Altogether, starting times before 8.45 am were chosen for one and a half per cent of all under fives, and finishing times after 4.00 pm for 3.1 per cent. If to these are added the children who did in fact begin before 8.45 am or end after 4.00 pm, although their mothers would have preferred otherwise (on the supposition that these mothers had no choice in the matter), then the proportion desiring or using the facility before 8.45 am is 2.8 per cent, and after 4.00 pm it is 4.6 per cent.

4 Children of lone parents and working mothers

One of the categories of need for day care referred to in Chapter 1 comprises children of lone parents who have to work and who cannot make satisfactory private arrangements for the care of their children.

There is no problem in defining lone parents, but the assessment of a necessity for work—even in economic terms—involves a value judgement and, above subsistence level, one which is arbitrary. It is apparent, moreover, that whatever the criterion adopted, it is unlikely that it will be only lone mothers who 'have to' work in that sense, or that only those who 'have to' work do work. Accordingly, in this chapter we consider firstly all children of lone parents, all children of working mothers and of those who would like to work, and the day provision used and desired for these children. Finally, a rough assessment is made of the proportion of children whose mothers had to work according to a particular criterion: those whose family income fell or would otherwise, if the mother did not work, fall below 150 per cent of the relevant Supplementary Benefit rate.

4.1 Children of lone parents

Five and a half per cent of the children under five years had only one parent, and for all but five children this was the mother or mother substitute rather than the father. For the sake of brevity we shall therefore often refer to all lone parents as 'mothers'.

A further 0.7 per cent children had no father in the household. In most cases this was because the father's work for example in the Services, took him away from home, whilst for others the father's absence was due to social problems other than marital breakdown, such as housing difficulties. These children whose parents were both alive and not separated, will be considered as children with two parents in the following discussion although in some respects their situation is similar to those with only one parent.

The 5.5 per cent of children who had only one parent included 3.2 per cent whose parents were separated or divorced, 1.8 per cent whose parent was unmarried and 0.4 per cent whose parent was widowed.

There is no evidence of any trend related to the children's ages in the proportion with lone parents, but the percentages with divorced or separated parents increased a little with age, presumably because the older the child the more time there had been for his parents' marriage to disintegrate. The same kind of trend might be expected in the case of children with widowed parents, but is not clearly shown. However, remarriage may obliterate or minimise some of the expected trends (Table 4.1).

Table 4.1 Children under five years with only one parent, by age of child

	Child's age					
	All ages	Under 1 year	1 year	2 years	3 years	4 years
Marital status of child's parent(s):	%	%	%	%	%	%
Divorced/separated	3.1	1.9	1.9	3.1	3.5	5.1
Unmarried	1.8	1.9	4.5	1.1	0.9	1.1
Widowed	0.4	0.2	0.0	0.7	0.2	0.9
All one parent families	5.5	4.0	6.4	4.9	4.6	7.1
Two parents	94.5	96.0	93.6	95.0	95.3	92.9
Base: All children under 5 years (= 100%)	2501	430	468	541	529	533

4.2 Children with working mothers

Just over a quarter (26 per cent) of all the children had working mothers—that is, mothers in paid employment—including six per cent with mothers who worked full-time (over 30 hours a week).

A higher proportion of the children with only one parent (34 per cent) had one who worked, including 22 per cent with a parent who worked full-time. Looked at in the way most relevant to total need, 1.8 per cent of all the children had a lone parent who worked, including 1.2 per cent with one who worked full-time.

The proportion of children with a working mother increased with age, so that 12 per cent of the children under one year and 37 per cent of those aged four had a working mother (Table 4.2).

4.3 Mother's desire for work

In addition to the 26 per cent of children with working mothers, a further 22 per cent had mothers who said they would have liked to work, had they been able to make satisfactory arrangements for the children during working hours—that is, nearly half the children had mothers who either worked or claimed they would have liked to have done so. Of course, it cannot be assumed that all

the mothers who said they would have liked to have worked would in fact have done so had the right kind of provision been available for their children.

Amongst unemployed mothers, money was the commonest although not the only reason for wanting to work, and the desire for work was related to the family income so that over half of unemployed mothers from families receiving £20 or less a week wanted to work, but only 20 per cent where the income was over £60 a week¹.

For about a quarter of the children with working mothers, the mothers said that apart from the money they would have preferred not to work, and presumably felt they had little choice in the matter.

Just under four per cent of all the children had lone parents who either worked or said they would have liked to have done so, given suitable arrangements for their children. And amongst those not employed, far more of the lone mothers than of the currently married would have preferred to work (58 per cent compared with 27 per cent) (Table 4.3).

¹ Family income means here income of both parents (or of lone parent, if there was only one) from all sources after deductions for tax, etc.

Table 4.2 Children under five years with a working mother, according to age and type of family

	Child's age					
	All ages	Under 1 year	1 year	2 years	3 years	4 years
Employment status of mother:	%	%	%	%	%	%
Lone parent family:						
Full-time ¹	1	—	1	2	1	2
Part-time ¹	1	—	1	1	—	1
Not working	4	4	5	3	4	4
Two parents:						
Full-time	5	2	4	5	7	7
Part-time	19	10	15	20	22	27
Not working	70	84	75	69	67	60
Base: Children under 5 years (= 100%)	2501	430	468	541	529	533

¹ Full-time means more than 30 hours per week.
Part-time means 30 hours or less per week.

Table 4.3 Attitudes of the children's mothers to employment, according to employment status and family type

	Lone parent family		Two parents	
	Works	Does not work	Mother works	Mother does not work
Mother's attitude towards work:	%	%	%	%
Prefers to work	67	58	61	27
Prefers not to work	30	40	23	70
NA or other answer	3	3	16	1
Base: Mothers of children under 5 years (= 100%)	43	76	493	1297

4.4 Use of day provision by children with lone parents and working mothers

Thirty six per cent of children with only one parent were users of day provision compared with 31 per cent of those with two parents. The pattern of use differed between the two groups and, as might be expected, the former were rather more likely than the latter to use educational facilities, day nurseries and childminders which may be available all and every day. Conversely, they were less likely than others to use playgroups.

Table 4.4 Use of day provision, according to type of family

	Family type		
	All types	One parent family	Two parents
Day provision used:	%	%	%
Playgroups	18	10	19
Nursery/primary school	9	13	9
Day nursery	2	7	2
Childminder	3	7	2
Crèche	1	0	1
All forms	32	36	31
None	68	64	69
Base: Children under 5 years (= 100%)	2501	137	2364

The children of lone working parents were the most likely to use day provision—about 60 per cent of them did so—but about half the children with two parents and a working mother were also users, and more of both these two groups of children than others were attending facilities which may be available all and everyday. The

use of childminders was particularly high for children of lone working mothers, and currently married mothers working full-time, and in these cases exceeded day nursery used (Table 4.5).

Nevertheless, many children with working mothers were not users and the predominant other arrangement, whether additional to or instead of formal day provision, was care by a relative, most usually the child's father, but frequently his grandmother (usually maternal).

Table 4.6 Other forms of care used by children of mothers who worked outside the home

	%
Father	40
Mother	18
Grandmother	25
Siblings	3
Other relative	8
Friend/neighbour	7
Other arrangement	2
Base: Children under 5 years with mothers working outside home (= 100%)	650 ¹

¹ Those receiving formal day provision only are not shown in the percentages, but appear in the base.

The children cared for by their own mothers were of course, those who were able to accompany their mother whilst she worked. Table 4.7 shows the proportions of children using other forms of care, according to family type and, for the currently married, whether the mother was working full-time or part-time.

Table 4.5 Use of day provision by children under five years, according to type of family and parental employment

	All families and employment status	Lone parent family ¹		Two parents		
		Working	Not working	Mother works full-time	Mother works part-time	Mother not working
Type of day provision:	%	%	%	%	%	%
Playgroup	10	9	9	10	27	17
Nursery/primary school	9	24	8	16	13	7
Day nursery	2	11	6	11	2	1
Childminder	3	22	0	21	5	—
Crèche	1	0	0	1	1	—
All types	32	61	22	56	46	26
None	68	39	78	44	54	74
Base: Children under 5 years (= 100%)	2501	46	90	129	480	1756

¹ Because of the small number of working lone parents, they cannot usefully be divided into full- or part-time workers.

Table 4.7 Other forms of care used by children of working mothers during working hours, according to family type

	All families and employment states	Lone parent family working	Two parents	
			Mother works full-time	Mother works part-time
Provider of care:	%	%	%	%
Informant	5	9	12	21
Spouse	10	2	22	48
Other relative	8	57	33	29
Friend/neighbour	2	0	7	7
Other arrangement ¹	1	2	2	2
<i>Base: Children under 5 years (= 100%³)</i>				
	2501 ²	46	129	480

¹ eg nanny, residential 'mother's help'.

² Total includes children with unemployed mothers.

³ Those receiving formal day provision are not shown in the percentages, but are included in the bases.

4.5 The necessity for maternal employment

It was noted earlier that the desire for employment amongst non-working mothers increased as the family income declined, and it is evident that it is not only lone parents who feel they need to work for economic reasons. Some fathers in two parent families were earning very little money and 1.8 per cent of the children had fathers evidently receiving £20 net or less a week. In addition, 2.5 per cent of the children had a non-working father.

In order to make a crude assessment of the proportion of children with mothers who had to work, we used the criterion of 150 per cent of the long-term Supplementary Benefit rates applicable during the first half of 1974. This was used in preference to income alone because it also acknowledges family composition. Those children whose fathers', or whose unemployed lone parents', net income fell in a group below the relevant figure were considered to have mothers who needed to work. The method used is both crude and arbitrary: it is crude because information on income was derived from a single question and was grouped at interview so that some incomes which, in fact, fell below the criterion level will not appear to do so; and it is arbitrary because any criterion used for this purpose must be arbitrary. In no sense should the criterion be seen as an indicator of poverty.

A fuller account of the method used is given in a note at the end of this chapter.

According to the criterion used, at least six per cent of the children with two parents had mothers who 'had to work'. The figure is a minimum one because of lack of information about parental income for 14 per cent of the children concerned.

The Supplementary Benefit rates take into account the number and ages of children in the family as well as disposable income. However, the great majority of children with two parents whose mothers 'had to work'

had fathers with net incomes of £30 or less a week (in 1974) and nearly half had fathers whose incomes were £20 or less². Almost a quarter of the children from two parent families whose mothers 'had to work' had unemployed fathers.

In the case of lone parents, the criterion was necessarily based on these parents' incomes, so that for those who worked there is no certainty about what the situation would have been had the parent not worked. Of the children of non-working lone parents 77 per cent fell below the criterion level, and if it is assumed that the circumstances of those with employed parents would otherwise have been similar to those with unemployed parents, then 77 per cent of all children of lone parents had a mother who 'had to work'.

Although the position of children with lone parents is dramatic, rather more of the children of mothers who 'had to work' had two parents, and in most of these cases the father was in full-time employment.

Table 4.8 The 'necessity' for maternal employment

	%
Children whose mothers 'had' to work:	
Children with lone parents (est)	4
Children with two parents	
father in full-time employment	5
father not in full-time employment	2
Total with two parents	6
Children whose mothers did not have to work	76
Not known	14
<i>Base: All children under 5 years (= 100%)</i>	
	2501

² But the vast majority of children whose fathers earned over £20 and up to £30 a week had mothers who did not 'have to work'.

Twenty five per cent of the currently married mothers who 'had to work' did work. Of those who did not, however, 42 per cent would have preferred to have done so, compared with 27 per cent of other non-working currently married mothers.

For children of lone parents it is impossible to say how many of those whose mothers 'had to work' did work, because we do not know what the position of those who worked would have been had they not worked, ie how many of them 'had to work'. However, whilst we estimated that 77 per cent of the children had mothers who 'had to work', only 34 per cent had mothers who were in fact employed, and it will be recalled that over half of the unemployed lone mothers would have liked to work.

In fact, the majority of unemployed lone parents, apart from widows, are likely to be receiving Supplementary Benefit and unlikely to gain financially by working because of the consequent loss of benefit and the low wages which for the most part they could expect.

In the case of children from two parent families, whilst only six per cent had mothers who 'had to work', 26 per cent had mothers who did work. In general, it is questionable whether the concept of a 'necessity' for work is useful here. In the first place, although the majority of unemployed lone parents 'needed to work', it is unlikely that most of their families would have benefitted financially through the parents' employment. The same circumstance applies to mothers in other families receiving Supplementary Benefit.

Secondly, although according to our arbitrary criterion the percentage of all children whose mothers 'had to work' was quite small (ten per cent), the percentage whose mothers actually did work was not (26 per cent). From the point of view of the children concerned, it appears that the important question is not how many of their mothers had to work, but rather how adequate was the care they received, given that their mothers did in fact work—a question which lies outside the scope of the present enquiry.

Annex on method of determining 'necessity' for maternal employment

1. It was considered that the mother 'had to work' if:
 - (a) there were two parents and the upper limit of the father's income group was less than 150 per cent of the appropriate long-term Supplementary Benefit level (ie taking into account the number and ages of children in the family)

- (b) there was only one parent who was not working and the upper limit of her income group was less than 150 per cent of the appropriate long-term supplementary benefit level.

2. The Supplementary Benefit level was that applicable in the first half of 1974 (until 22 July 1974) (Social Security Statistics 1974, Table 34.01, p.144). The mothers in the survey were interviewed between 4 June 1974 and 10 August 1974, but over 80 per cent of the interviews were completed by 20 July 1974.

3. The income groups used in the survey were:

- Up to £15 per week
- Over £15 and up to £20 per week
- Over £20 and up to £30 per week
- Over £30 and up to £40 per week
- Over £40 and up to £50 per week
- Over £50 and up to £60 per week
- Over £60 per week.

Income was income from all sources after deductions for tax, etc.

4. No information was collected in the survey on the cost of rent. The Supplementary Benefit rates exclude the cost of rent (which is provided for separately). This should not distort the application of the criterion because, for example:

- (a) a survey family *not* on Supplementary Benefit and having an income of Supplementary Benefit level will appear to have and actually have an income of that level, but below the 150 per cent level.
- (b) a survey family receiving Supplementary Benefit will be receiving the appropriate rate plus the cost of rent and will therefore appear to have an income above the appropriate rate, but not necessarily at or above 150 per cent of this rate.

5. The use of 150 per cent of the long-term Supplementary Benefit rate could result in a generous estimate of the numbers in need of maternal employment

- but (a) because income data is grouped, some who fall below the 150 per cent level will not be found
- (b) since the rates were raised during the interview period, it seems likely that the rates used (those applicable until 22 July 1974) define a minimal extent of need
- (c) as noted above, contributions towards rent are not included in the Supplementary Benefit rates, but are paid when appropriate in addition to the applicable rate, thus bringing the total income of recipients above this rate.

5 Housing circumstances and opportunities for play

In this chapter we shall be concerned with two types of need for day care—those arising firstly from unsuitable housing conditions and secondly from restricted opportunities for play, either with other children or in the open air.

Although opportunities for play obviously depend on many other things besides the housing circumstances considered here, some connection between the two might be expected and is well documented in the case of flats^{1, 2}. For this reason, the two types of need are considered in the same chapter. This is not to say, of course, that really inadequate housing conditions have no other adverse effects on children, and in any case overcrowding and poor sanitation are obnoxious in themselves.

5.1 Type of accommodation

Most of the children (87 per cent) lived in houses, and the majority of the remainder in flats or maisonnettes (ten per cent), whilst a few dwelt in rooms or caravans (three per cent). Of those in flats, maisonnettes or rooms, most lived on the ground or first floor, leaving three per cent who were to be found above this level or, rarely, in basements.

The proportion of children living in flats declined as age increased, suggesting that as children become more

mobile their parents tend to move or to be moved out of flats and into houses. However, ten per cent of three to four year old children were still living in flats (Table 5.1).

More of the children of manual than of non-manual workers lived in flats and similar accommodation, and whilst eight per cent of the former lived in flats, maisonnettes or rooms, 14 per cent of the latter did so (Table 5.2).

The great majority of children lived in uncrowded accommodation provided with the basic amenities. However, 14 per cent lived in dwellings which were at least somewhat overcrowded—that is, they had one or more bedrooms less than standard, including three per cent with two or more less than standard³. Seven per cent inhabited accommodation with no separate unshared bathroom, three per cent had WCs shared with

¹ B Adams & J Conway, *The Social Effects of Living off the Ground*, *HDD Occasional Paper 1/75*, Department of the Environment, 1975.

² Department of the Environment. *Design Bulletin 27*, Children at Play, HMSO 1973.

³ The Bedroom Standard is a criterion set by allocating to a household a given number of bedrooms according to the age, sex and relationships of household members (see note at end of chapter for full definition).

Table 5.1 Type of housing inhabited by children under five years, according to age

	Age					
	All ages	Under 1 year	1 year	2 years	3 years	4 years
Type of housing:	%	%	%	%	%	%
House	87	81	85	88	89	91
Caravan	—	—	—	—	1	—
Flat/maisonette/rooms	13	19	15	11	11	9
Basement	—	—	—	—	—	—
Ground floor	4	7	4	5	3	3
First floor	5	8	7	4	4	4
Second floor and above	3	3	4	2	3	2
Base: Children under 5 years (= 100%)	2501	430	468	541	529	533

other households, and five per cent belonged to households which did not have the sole use of a permanent fixed hot water supply. Altogether, 18 per cent of the children inhabited dwellings which were inadequate in at least one of these ways—inadequacies which are likely to hamper care-free child management. In addition, 11 per cent of the children lived in accommodation to which no private outdoor space was attached, although this included seven per cent for whom a communal outdoor space was available.

There is plenty of evidence from elsewhere that it is the families of manual workers who are most likely to occupy housing which is overcrowded or lacking in amenities⁴, and the circumstances of the children in the survey varied similarly with social class, so that nine per cent of the non-manual workers' children lived in inadequate accommodation, but 22 per cent of the children of manual workers did so. It should be noted that although the children of semi- and unskilled workers were the most likely of all to occupy inadequate housing, the largest absolute numbers who did so were children of skilled workers, simply because they form the largest social class group (Table 5.3).

Although children in houses were the least likely to have inadequate accommodation, by far the largest number of children in such circumstances lived in houses rather than elsewhere. However, most of the small number of children in accommodation which was inadequate in all the four ways considered, were living in rooms.

5.2 The mother's view of the family's accommodation

In fact, it is unnecessary to assume that lack of space and other amenities makes child care less easy than it might be, for the mother's views of the adequacy of their own accommodation for rearing young children coincided with common opinion: dwellings with an adequate number of bedrooms, attached outdoor space and the basic amenities were the most likely to be considered satisfactory for bringing up young children.

Other enquiries⁵ have found a high level of dissatisfaction amongst mothers of young children living in flats

Table 5.2 Type of housing inhabited by children under five years, according to social class

	Social class							
	All classes	I	II	IIIN and IVN	Total non-manual	IIIM	IVM and V	Total manual
Type of housing:	%	%	%	%	%	%	%	%
House	87	99	88	92	91	88	80	86
Caravan	—	0	—	—	—	—	1	—
Flat/maisonette/rooms	13	1	11	8	8	12	19	14
Basement	—	0	—	—	—	—	—	—
Ground floor	4	1	4	4	3	4	7	5
First floor	5	0	6	2	3	4	8	5
Second floor and above	3	0	1	2	1	3	4	3
Base: Children under 5 years (= 100%)	2501	147	416	252	813	1121	373	1494

Table 5.3 Adequacy of accommodation of children under five years, according to social class

	Social class							
	All classes	I	II	IIIN and IVN	Total non-manual	IIIM	IVM and V	Total manual
Adequacy of accommodation:	%	%	%	%	%	%	%	%
4 inadequacies ¹	1	0	1	1	1	1	3	2
1-3 inadequacies ¹	17	3	8	10	8	18	26	20
No inadequacy	80	97	90	89	91	79	70	77
Not known	1	0	1	1	1	2	1	2
Base: All children under 5 years (= 100%)	2501	147	416	252	813	1121	373	1494

¹ Inadequacies are: 1 or more bedrooms less than standard, no unshared separate bathroom, no unshared WC, no unshared permanent fixed hot water supply.

Table 5.4 Desire for day provision, according to type of accommodation

(a) House versus other dwellings

	House	Flat/ maison- ette	Rooms/ caravan
(i) All children			
Desire:	%	%	%
Day provision used	33	26	17
Not used but desired	32	38	43
Total desiring provision	65	63	60
Day provision not desired	33	34	33
Not known	2	2	7

Base: Children under 5 years
(= 100%)

2175 262 63

(ii) 3-4 year olds

Desire:			
Day provision used	60	59	38
Not used but desired	29	31	52
Total desiring provision	89	90	90
Day provision not desired	10	10	5
Not known	—	0	5

Base: Children aged 3-4
years (= 100%)

951 87 21

(b) By adequacy of accommodation

	4 inad- equacies	1-3 inad- equacies	No inad- equacy
(i) All children			
Desire:	%	%	%
Day provision used	18	22	34
Not used but desired	35	37	32
Total desiring provision	53	59	66
Day provision not desired	41	38	33
Not known	6	3	2

Base: Children under 5 years
(= 100%)

34 427 2008

	One or more inadequacies	No inadequacy
(ii) 3-4 year olds		
Desire:	%	%
Day provision used	44	63
Not used but desired	44	26
Total desiring provision	88	89
Day provision not desired	11	11
Not known	1	—

Base: Children aged 3-4 years
(= 100%)

189 854

and the present survey showed that a much lower proportion of the flat- than of the house-dwellers were satisfied: 81 per cent of those living in a house, but only 34 per cent of flat-dwellers considered their accommodation satisfactory as a place to bring up their small children.

The most common source of dissatisfaction for flat-dwellers was the lack of outdoor playing space; as one informant complained:

'There's nowhere for the children to play, there's only the green verge out the front and that's too near the main road—they're confined to four walls all day if they can't get taken out.'

whereas dissatisfied occupants of houses and rooms most often complained of lack of indoor space. The height and associated dangers, were of course worries more or less only for those living in flats:

'I can't let him out,' said one mother, 'because it's too high up and he'd fall over the balcony.'

5.3 Type of accommodation and desire for day care

The use of day provision apparently declined with the standard of the children's accommodation, so that those in the least satisfactory housing made least use of facilities. For example, 17 per cent of the children living in rooms or caravans were users, 26 per cent of those in flats or maisonettes, but 35 per cent of those in houses (Table 5.4). In the case of houses versus other accommodation, however, this difference was due to the fact that children in flats and so on were, on average, younger than other children. Within age groups there was little difference in use. On the other hand, children whose housing was inadequate were less likely than others of the same age to use day care.

The apparent decline in the desire for day provision with the suitability of the accommodation was due to the different age distribution of the children in different kinds of accommodation. The example of three and four year old children in Table 5.4(a)(i) and (b)(i) illustrates that within age groups there were no differences between the proportions of children for whom provision was wanted, whatever the type of accommodation.

5.4 Opportunities for play

Thirty two per cent of the one to four year old children lived in neighbourhoods where, their mothers said, there were no other children of about the same age for them to play with. At least 13 per cent had not played with a contemporary (other than brothers or sisters) in the week preceding the interview, and six per cent were reported never to play with children outside their own families. The last piece of information however, was derived from spontaneous answers to another question and is probably unreliable.

Opportunities for sociable play apparently increased with the children's ages, and mothers sometimes remarked of their one and two year olds that they were too young to play with others. At most, 16 per cent of three year olds and 11 per cent of four year olds had not

played with other children in the preceding week (Table 5.5).

It should be mentioned here that there was no evidence available from the present enquiry that lack of play with others was harmful for the children concerned. In particular, there was no relationship between play experience and the behaviour scores discussed in a later chapter. The absence of such evidence may be due to the crudity of the measure of play used or to the possible irrelevance (in this context) of the measure of welfare used. It could be that any ill-effects of isolation from contemporaries only become apparent when children start school.

The survey was carried out during the early summer and as might be expected, most of the children aged one to four had played outdoors during the preceding week and

only three per cent had not done so. A further 19 per cent of all age groups had played in the open air, but only accompanied by an adult.

Limited outdoor play like sociable play, was related to age, the youngest being the least likely to play outside or if they did, to do so without supervision (Table 5.6). One reason why the youngest had less often played outside may well be their greater need for adult company. If their mothers lacked the time or inclination to accompany them and the children were not allowed or did not wish to go out alone, they remained indoors.

Unlike a lack of sociable play, restricted outdoor play did appear to be related to the behaviour difficulties considered in chapter 9. Twenty per cent of the 70 three to four year olds who had played outside on less than four days in the preceding week had difficulties compared with

Table 5.5 Play with other children, according to age

	Age				
	All 1-4 years	1 year	2 years	3 years	4 years
Play opportunities and experience:	%	%	%	%	%
Other children nearby available for play	68	58	64	71	76
No other children available for play	32	42	36	29	24
Has played with others last week:					
Not at all	13	25	13	11	5
1-3 days	28	35	37	26	15
4 days or more	52	30	42	58	73
Not known ¹	7	11	8	5	6
Mother says child never plays with other children	6	13	6	3	1
Base: Children 1-4 years (= 100%)	2071	468	541	529	533

¹ For all these children, no others were available nearby for play.

Table 5.6 Play out of doors, during week preceding interview, according to age

	Age				
	All 1-4 years	1 year	2 years	3 years	4 years
Outdoor play during 'last week':	%	%	%	%	%
Has played outside—					
Not at all	3	10	3	1	1
1-3 days	12	20	14	9	6
4 days or more	84	69	82	90	93
Not known	1	1	1	—	—
Has played outside without adult companion—					
Not at all ¹	22	47	23	15	8
1-3 days	11	12	13	12	10
4 days or more	65	40	64	72	82
Not known	1	2	2	1	1
Base: Children aged 1-4 years (= 100%)	2071	468	541	529	533

¹ Includes those who have not played outside at all and those who have played outside but not without accompanying adult.

ten per cent of the great majority who had done so more often. However, it is not possible to say whether limited outdoor play helped to provoke behaviour difficulties in some children, sometimes resulted from such difficulties, or whether both were consequences of some other factor.

Because no relationship between the frequency of play with others and 'welfare' (i.e. behaviour difficulties) could be discerned, it was not possible to identify a group whose 'health and welfare were seriously affected or at risk by lack of opportunity to play with others', and for this reason the need group was omitted from the overall measures of need used in chapter 10. On the other hand, although lack of outdoor play evidently was related to behaviour difficulties, it is excluded from the same overall measures of need because it is not specified in the original criteria of need. On the evidence, its future inclusion merits consideration.

5.5 Type of accommodation and opportunities for play

There was no evidence that the type of accommodation the children lived in had any influence on their opportunities to play with others, but whether they lived in a house or flat affected their chances of outdoor play; those living in flats were less likely than others to have

played outside at all and less likely to have done so without an accompanying adult (Table 5.7).

Even children in ground floor flats were rather less likely to have played outside at all than those living in houses, but the greatest difference occurred between these two groups and children living above the ground floor (Table 5.8). The differences according to floor level appeared to hold for every age-group, although the numbers involved in each are small.

5.6 Discussion

Considerable attention in this chapter has been devoted to children living in flats, maisonettes and rooms, and it is clear that most of the mothers concerned found such accommodation unsatisfactory, and that to some extent it restricted the children's outdoor play. On the evidence, it seems that flats are on the whole, unsuitable for small children, and that those who of necessity live in them require some arrangement which will increase their opportunities for open-air play. However, only 13 per cent of the children were involved, and most of the children in inadequate accommodation lived in houses—inadequate meaning that it lacked at least one of four amenities, including insufficient bedrooms. On the other hand, the majority of children whose dwellings

Table 5.7 Play out of doors during week preceding interview, according to age and type of accommodation

	Accommodation and age							
	House				Flat/maisonette/rooms			
	1 year	2 years	3 years	4 years	1 year	2 years	3 years	4 years
Outdoor play during preceding week:	%	%	%	%	%	%	%	%
Has not played outside at all	7	2	—	—	23	6	7	4
Has played, but not without adult companion	36	18	12	6	46	34	30	19
Has played without adult companion	55	78	87	92	30	56	62	76
Not known	2	1	1	1	1	3	0	0
Base: Children aged 1-4 years (= 100%)	397	477	469	482	70	62	56	47

Table 5.8 Play out of doors during week preceding interview, according to type and level of accommodation

	Type and level of accommodation			
	House		Flat/maisonette/rooms	
		Ground floor	1st floor	2nd floor & above
Outdoor play during preceding week:	%	%	%	%
Has not played outside at all	2	5	15	15
Has played but not without adult companion	17	24	37	42
Has played without adult companion	79	71	44	44
Not known	1	0	3	0
Base: Children aged 1-4 years (= 100%)	1825	80	91	53

were wholly inadequate, in that they lacked all four amenities, were to be found amongst the three per cent living in rooms. The small numbers involved, however, mean that this is not necessarily true for all young children in the country.

Although mothers found flats and inadequate accommodation unsatisfactory places to rear their children—and, as will be seen in Chapter 8, the mothers living there were more likely than others to be 'depressed'—there was no evidence from the survey that either had directly adverse effects on the health and behaviour of the children. This may be because the information on one or both was inadequate, and this is discussed in later chapters. There are however, at least two other possibilities: one is that housing conditions sufficiently bad to produce ill health were too rare for their effects to be observable in the survey sample; another is that living

conditions depended on much else besides the type of accommodation and physical amenities considered here.

Note: Bedroom Standard

The method for calculating the standard is as follows:

A separate bedroom is allocated to:

- each married couple
- any other person aged 21 or over
- each pair of adolescents aged 10–20 of the same sex
- each pair of children aged under 10, regardless of sex
- each person aged 10–20 remaining together with any single remaining child under 10 of the same sex
- each remaining person aged 10–20 who cannot be so paired
- each remaining child under 10 who cannot be so paired.

6 Children's health

This chapter is concerned firstly with children whose mothers reported or feared that they were physically or mentally handicapped, in order to show how these groups contribute to the proportions in need of day provision; and secondly with transient symptoms and restricting illnesses which may be indicators of children's welfare.

6.1 Children causing concern—handicap and mothers' worries about handicap

One group considered to need day provision is that of 'selected handicapped children'. There are however, peculiar problems in the application of the concept of handicap to young children which stem from the common notion of handicap as an impediment to normal everyday activities¹. In the first place the mode of life of young children is less clearly specified by institutional convention than for those of school age and above, varies widely over the pre-school age range and for any specific age. Secondly, all under fives require a great deal of help in managing everyday life. The problem is not solved by focussing on disabilities which imply handicap at a later age if not at the present, since some of the disabilities themselves only become evident during the course of development. These intrinsic difficulties were compounded in the present survey by the limited amount of information on the matter which could be obtained from the children's mothers as well as by the relatively small number of children in the sample.

On the other hand, because the information was provided by the children's mothers it was possible to take into account not only those children who would be included as handicapped on commonly used criteria, but also the larger number whose mothers were concerned that they might be or become handicapped children—that is, who required investigation at some level. In some cases their mothers appeared to have grounds for anxiety, whilst in others there was no evidence from the

survey that they had. The purpose of including such cases here however, has less to do with the extent to which the mothers' fears were well founded than with the opportunity day provision offers either for helping to allay mothers' unnecessary fears or for contributing to the early identification and management of those handicaps which only become apparent during the course of development.

On this basis, children in one or other of the following mutually exclusive groups were included:

A CHILDREN WITH A REPORTEDLY DEFINITE DIAGNOSIS:

1. whose movements or speech were impaired or who had a severe sensory impairment (14 cases)

Most (11) of the 14 children concerned were aged three or four and with one exception were either unable to walk and/or to feed themselves with a spoon (six children), and/or could not speak in sentences of three or more words (seven children). Examples:

- (a) child of three suffering from cerebral palsy who could not walk without help and was also unable to speak in sentences
- (b) child of three said to be mentally retarded with autistic symptoms who could not speak in sentences or help to dress himself

The remaining three younger children were all over one year old, were unable to feed themselves, and two of them were unable to move about on their own. Example: child of 15 months with spina bifida who was unable to move about or feed himself.

2. who were subject to dietary restrictions only (6 cases)

- Examples:
- (a) child of three with coeliac disease
 - (b) child of four who lacked part of oesophagus at birth and who had difficulty in eating solid food.

3. for whom vigorous exercise or play was impeded (10 cases)

Children able to undertake ordinary activities but whose mothers said that vigorous exercise or play were difficult or inadvisable for them.

Examples:

- (a) child of four suffering from asthma—her mother said she could not play nor exert herself in any way, nor walk far

¹ "Handicap is the disadvantage or restriction of activity caused by disability"—Harris, A. I.—*Handicapped and Impaired in Great Britain*, London HMSO, 1971, p.2.

"Handicap (is) any disability which impedes the child in some way in his daily life"—Rutter, M. et al—*Education, Health and Behaviour*, Longman, London 1970, p.6.

- (b) child of three with eczema whose feet became sore if she walked far and had to ride in pushchair "more than most children of her age".

(Reported cases of eczema and asthma where the condition was not said to impede strenuous activity, nor to require dietary restrictions, were excluded from all groups.)

B CHILDREN WITH NO DEFINITE DIAGNOSIS REPORTED:

4. who soiled themselves (30 cases)

Children of three or four who soiled their pants more than twice a week.

5. whose mothers were worried that they might be handicapped—"Other" (69 cases)

Most of the cases included were children whose mothers were concerned about mental handicap. As mentioned earlier, in some cases it appeared that the mothers had reason to be worried, and amongst these were children who were currently under medical or other professional investigation. In other cases there was no evidence from the survey that the mothers had grounds for their fears.

Examples:

- (a) child of three whose mother said she had difficulty understanding his speech and feared he was backward—he could not speak in sentences and she intended to consult a doctor about him.
- (b) child of three whose mother was worried that his development was slow, but he could speak in sentences and give an account of what he had been doing.

Further details about the way the children included in the five groups were selected are given in the annex to this chapter.

The numbers in the definite diagnosis groups are too small to show the extent of various types and degrees of handicap and the broad grouping at A. above is used instead as a summary indication of the kinds of children who were included to represent handicapped candidates for day provision.

Which kinds of handicap should be included here depend on the intended functions of day provision for handicapped children.

The contribution it can make in assessing the existence or nature of handicap suspected by mothers was mentioned earlier. The other groups specified above were included on the grounds that day provision could be of value for at least some of those included by providing opportunities for sociable and other play to children whose handicap would otherwise limit their experiences of this kind, and by offering relief to their mothers.

The proportion of children living at home who were in each of these groups is shown in Table 6.1.

Table 6.1

Group	%
A. Definite diagnosis	
1. Impairment of movement, speech, or severe sensory impairment	0.6
2. Dietary restriction only	0.2
3. Vigorous exercise or play impeded	0.4
B. No definite diagnosis	
4. Soiling more than twice a week and aged 3 or 4 years	1.2
5. Mother concerned that child might be handicapped	2.8
C. No reported handicap or worry about possible handicap	94.8
Base: All children aged 0-5 years (= 100%)	2501

6.2 Children causing concern and day provision

The children causing concern were little more likely to be using day provision than other children (38 per cent compared with 31 per cent), although it was wanted for a greater proportion of the first group (80 per cent compared with 63 per cent) (Table 6.2). There was however, a considerable difference within the group causing concern between those with a definite diagnosis and others: 61 per cent of those with a definite diagnosis were in day

Table 6.2 Use and desire for day provision for children under five years according to whether child caused concern

	All children under 5 years	Reason for concern				No concern
		Definite diagnosis	No definite diagnosis		Total	
			Soiling only	Mother worried		
	%	%	%	%	%	%
Day provision used	32	61	50	22	38	31
Not used but desired	33	26	40	50	42	32
Total desiring day provision	64	87	90	72	80	63
Day provision not desired	34	10	10	27	18	34
Not known	2	3	0	1	1	2
Base: Children under 5 years (= 100 %)	2501	31	30	64	125	2376

provision compared with 31 per cent of those without, and although day provision was wanted for a smaller proportion of the group with no definite diagnosis, it was for this group that unmet desire was greatest—that is to say, it was greater than for those with a diagnosis, and greater than for children not causing concern. The excess of unmet desire amongst the no diagnosis group appeared to hold within age-groups, although the numbers are small. In the case of the 'soiling only' group, the difference if it is real may be due to the problem such children present, particularly in playgroups and nursery schools, which may require children to be toilet trained as a condition of admission.

6.3 Children's illnesses

Three of the groups qualifying as in need of day care cover children whose circumstances are a hazard to their health or welfare. The circumstances specified as potentially hazardous are poor socio-economic conditions, lack of opportunity to play with others and maternal incapacity. Our main reason for obtaining information about child health therefore, was to find out which aspects of the circumstances considered were currently associated with reported illnesses.

As it turned out, in this particular survey there appeared to be no relationship between children's reported ill-health and socio-economic conditions or play. The reported prevalence of children's illnesses however, is of intrinsic interest and the main findings are shown and discussed below.

Two types of information were collected about the children's health. Mothers were asked first about illnesses or injuries the children had had during the two weeks preceding interview which had restricted their normal activities (Question 9); and secondly, whether the children had had any of a prompted list of symptoms during the same period (Question 10). Incapacitating conditions reported in reply to the first question were coded according to the International Classification of Diseases (1965 Revision) and then grouped to form categories more or less comparable with the symptoms

listed for the second question (see grouping shown in Annex 2 to this chapter).

The proportion of children whose activities had been restricted by illness or injury was very much less than the proportion said to have experienced any of the specified symptoms during the same period. This was not unexpected, although startling in size (seven per cent compared with 55 per cent), since children like other people may have stomach upsets or colds, for example, without their normal activities being more than transiently affected.

Table 6.4 shows the differences in reported prevalence between incapacitating illnesses and the comparable specific symptoms. Each symptom was more common than the equivalent incapacitating illness, but most of the difference is attributable to colds and sore throats.

Table 6.4 Comparison of incapacitating illness and symptoms during two weeks preceding interview amongst children aged 0-4

	Incapacitating illness (Q.9)	Symptoms (Q.10)
Condition:	%	%
Cold/sore throat	2	40
Ear trouble	—	5
Vomiting/diarrhoea	1	15
Eczema or skin trouble	0	8
Asthma/wheezing	—	—
Other allergies	2	—
Fits/convulsions	NA	—
Common infections	1	1 ¹
Teething/feeding problems	—	2 ¹
Eye infections	—	1
Other	—	2
No condition reported	93	45

Base: All children under 5 years

(= 100%)

2501

2501

¹ These conditions were not prompted, but reported in reply to the final part of Question 10: 'Over the last 2 weeks has (child) suffered from anything else we have not mentioned?'—i.e. the answers should relate to conditions not already mentioned at Questions 9 or 10.

Table 6.5 (a) Incapacitating illnesses during fortnight preceding interview, according to age

Condition:	All ages	Age in years				
		<1	1	2	3	4
	%	%	%	%	%	%
Cold/sore throat	2	2	2	2	2	2
Ear trouble	—	—	—	—	—	0
Vomiting/diarrhoea	1	1	1	1	1	2
Eczema or skin trouble	0	0	0	0	0	0
Asthma/wheezing	—	—	1	—	—	1
Common infections	1	1	1	1	1	2
Teething/feeding problems	—	1	1	1	0	0
Other	2	1	2	2	2	2
No condition reported	93	94	92	93	94	92

Base: All children under 5 years						
(= 100%)						
	2501	430	468	541	529	533

Table 6.5 (b) Symptoms during fortnight preceding interview, according to age

	All ages	Age in years				
		<1	1-	2-	3-	4-
Condition:	%	%	%	%	%	%
Cold/sore throat	40	35	44	39	42	38
Ear trouble	5	5	7	4	5	6
Vomiting/diarrhoea	15	17	19	14	14	10
Eczema or skin trouble	8	7	10	8	7	8
Asthma/wheezing	3	4	3	2	2	4
Other allergies	—	1	—	—	—	1
Fits/convulsions	—	0	1	—	—	—
Common infections	1	1	—	1	2	0
Teething/feeding problems	2	4	5	1	—	0
Eye infections	—	1	0	1	—	1
Other	2	3	2	3	1	2
No condition	45	50	38	45	44	48
<i>Base: All children under 5 years (= 100%)</i>						
	2501	430	468	541	529	533

Table 6.6 (a) Incapacitating illnesses during fortnight preceding interview, according to social class

	All classes	I	II	III and IVN	All non-manual	IIIM	IVM and V	All manual
Condition:	%	%	%	%	%	%	%	%
Cold/sore throat	2	1	2	1	2	2	2	2
Ear trouble	—	—	—	—	—	—	—	—
Vomiting/diarrhoea	1	1	2	2	2	1	—	1
Eczema/skin trouble	0	0	0	0	0	0	0	0
Asthma/wheezing	—	0	—	0	—	—	1	—
Common infections	1	1	1	1	1	2	2	2
Teething/feeding problems	—	0	1	1	1	—	—	—
Other	2	2	1	2	2	2	2	2
No condition reported	93	95	94	94	94	92	94	92
<i>Base: All children under 5 years (= 100%)</i>								
	2501	147	416	252	813	1121	373	1494

Table 6.6 (b) Symptoms during fortnight preceding interview, according to social class

	All classes	I	II	III and IVN	All non-manual	IIIM	IVM and V	All manual
Condition:	%	%	%	%	%	%	%	%
Cold/sore throat	40	25	43	36	38	40	41	41
Ear trouble	5	4	5	5	5	5	4	5
Vomiting/diarrhoea	15	10	16	17	15	14	16	15
Eczema or skin trouble	8	12	8	9	9	7	9	8
Asthma/wheezing	3	1	3	2	2	3	4	4
Other allergies	—	0	1	0	—	—	1	—
Fits/convulsions	—	1	0	0	—	—	—	—
Common infections	1	1	1	2	1	1	1	1
Teething/feeding problems	2	0	2	1	1	3	1	2
Eye infections	—	0	—	—	—	—	—	—
Other	2	0	2	4	2	2	2	2
No condition reported	45	57	40	42	44	46	45	46
<i>Base: All children under 5 years (= 100%)</i>								
	2501	147	416	252	813	1121	373	1494

The survey was conducted in the summer months and it is probable that the prevalence figures are somewhat lower than they would have been had mothers been interviewed in winter². However, the seven per cent for whom incapacitating illness was reported is very similar to the figure given in the General Household Survey for 1973 for the same age group (males 7.6 per cent females 7.5 per cent)³.

No systematic variation with age of either symptoms or incapacitating illnesses was apparent (Tables 6.5(a) and (b)).

The conditions reported at each question were tabulated by type of living accommodation⁴, income, family size and social class, but as already reported, there was no evidence of any relationship. The example of social class is shown in Tables 6.6(a) and (b).

The absence of apparent relationships could be because there really is no relationship today between children's ill-health and prevailing socio-economic conditions, or it could be due to the kind of measures of ill-health used and perhaps specifically to the dependence of the evidence on the mothers' perception of ill-health in their children. It has been suggested for example, that disadvantaged social groups have higher thresholds than others for restricting normal activity in their children⁵. The same groups may also be less prone to perceive their children's minor illnesses, and if the perception of such conditions varies between different groups, then so also will the seeking of medical advice for them. In that case, the only way to establish their true prevalence and the variation if any, with socio-economic circumstances, would be through standardised medical examinations of large samples of the child population.

It is of some interest however, that the prevalence of reported symptoms did appear to be related to the combinations of stressful circumstances which comprise 'need' as it is variously defined in Chapter 10. The children classified as being 'in need', and particularly those 'in need' in more than one way, were more likely than others to have been unwell in the preceding fortnight (see Table 9 in Annex to Chapter 10).

Annex I Method of identifying children causing concern
The relevant information was derived from the following questions:

Is (child) unable to do any of the things most children of his age can do, because of his health? (If so) what is he unable to do? (Qs.8(a), (b) and (c)).

Is there anything about (child's) health or development which worries you? (If so) what worries you? (Q.13 and 13(a)).

A series of questions on the child's ability to do things for himself, his mobility and speech (Q.12) which together form a coarse development screen.

Question on faecal incontinence (Q.17(6)).

All 67 of the interview schedules relating to children who were said to be unable to do something which most children of the same age could do were examined and the nature of their disabilities derived from answers to the question on what they were unable to do and from the developmental screening questions. Thus, a child of three with cerebral palsy was said by his mother at Q.8(b) to be "totally handicapped" and the developmental questions (Q.12) showed that he could not walk or stand unaided, but could walk by holding on to furniture, feed himself with a spoon and join two words together, although he was unable to speak in sentences of three or more words.

The detailed scrutiny of schedules showed that although some of the children, like the boy referred to above, would have been considered handicapped according to most criteria, others were only limited in very minor ways (like being 'unable' to wash with soap because of eczema), whilst for others there was no good evidence of handicap. This last group of 17 children consisted mainly of children described as 'slow' or 'backward' for whom no diagnosis was known to the mother, although some were under medical or other investigation.

In some cases it did appear from the developmental questions that the children concerned were developing more slowly than most others of the same age (for example, a child of nearly two who could not feed himself with a spoon nor speak at all, even occasional words), but for others there was no such evidence, and in any case no developmental questions were asked for children under one year. It appeared moreover, that some of these cases did not differ from those which were only mentioned in reply to the later question, "Is there anything about (child's) health or development which worries you?" Here another 52 children were described as slow in learning to walk or talk in general. It was decided, therefore, that if the first group were to be included as possibly handicapped, so also should those be who were only revealed by the later question.

In addition, there were two children of three or four mentioned at Q.8 who were said to be unable to control their bowel movements. There were however, another 28 children of the same age who soiled themselves three or more times a week, and although they were not regarded by their mothers as incapacitated like the first two, it was decided to include them also, in the 'soiling only' group.

The grouping finally adopted is shown in the main body of the chapter. Initially, the first group—those with a

² The General Household Survey shows a slight decline for the total population in the proportion reporting restricted activity from the 1st to the 3rd quarter of the year—General Household Survey, Introductory Report, HMSO, 1973, p.310.

³ The General Household Survey 1973, HMSO 1976, p.139.

⁴ ie House v/s flat, etc, difference from bedroom standard and lack of amenities.

⁵ R J Haggerty, K J Roghmann, I B Pless—*Child Health and the Community*, Wiley, New York, 1975, pp.74—75.

definite diagnosis whose movements or speech were impaired or who suffered from a severe sensory impairment—were sub-divided according to two degrees of severity. The numbers were too small to merit the division, but the criteria used provided further information on the kind of children included. The two sub-groups consisted of:

- (a) children aged two years or more who were:
 unable to walk unaided and/or
 unable to feed themselves with a spoon and/or
 had a severe sensory impairment

- (b) (i) children aged two years or more whose movements or speech were impaired but who could walk and feed themselves with a spoon
 (ii) children aged 12 to 23 months who were unable to move about at all on their own.

As reported in the main body of the chapter, children limited in very minor ways because of eczema or asthma were eventually excluded from all groups.

Annex 2 Children's incapacitating illnesses reported at question 9—grouping of ICD codes

ICD Codes:	Condition:	Group name:
033, 0330, 1, 9	whooping cough	common infections
052	chicken pox	
055	measles	
056	rubella	
072	mumps	
136	other and unspecified infective and parasitic diseases	
470, 2, 3, 4	influenza (excluding influenza with pneumonia)	
7888	pyrexia of unknown origin	
0799	viral infection unspecified	
460	common cold	cold, sore throat
461	acute sinusitis	
462	acute pharyngitis (includes sore throat NOS)	
463	acute tonsillitis	
464	acute laryngitis and trachietis (including croup)	
465	acute upper respiratory infection of multiple or unspecified sites	
7833	cough	
380	otitis externa	ear trouble
381, 3810, 1, 9	otitis media without mention of mastoiditis	
382, 3820, 1, 9	otitis media with mastoiditis	
383, 3830, 1, 9	mastoiditis without mention of otitis media	
384	other inflammatory diseases of ear (including earache NOS)	
0090	dysentery unspecified	vomiting, diarrhoea
0091	diarrhoea	
0092	gastro-enteritis and colitis	
7841	nausea and vomiting	
5369	other disorders of function of stomach (including stomachache NOS)	
7855	abdominal pain (including infantile colic)	
691	infantile eczema	eczema, skin trouble
692, 6920, 1, 2, 3, 4, 5, 6, 7, 8, 9	other eczema and dermatitis	
7882	rash NOS	
3052	respiratory disorders of presumably psychogenic origin (including psychogenic asthma)	
493	asthma	asthma/wheezing ¹
7832	dyspnoea	
466	acute bronchitis	bronchitis/pneumonia ¹
471	influenza with pneumonia	
480, 1, 2	pneumonia	
4820, 1, 2, 3, 9		
483, 4, 5, 6		
490	bronchitis unqualified	
5207	teething syndrome	teething/feeding problems
2699	other and unspecified nutritional deficiency (including infant feeding problem)	
All other codes	all other conditions	other

¹ These two groups were amalgamated for comparison with symptoms. All reported cases were in the second group—ie bronchitis/pneumonia.

7 Maternal health

Maternal health is relevant to day provision in two ways. Mothers who are acutely ill may be unable to look after their children properly at the time, whilst chronic maternal ill health may result in generally poor child care which could be mitigated by day provision.

Evidence of relevant maternal illness was obtained by asking mothers firstly whether they had had to spend any days in bed because of illness or injury during the fortnight preceding interview¹ and, secondly, whether they had otherwise had difficulty in coping with their pre-school children because of ill health during the same period. The results therefore do not indicate the prevalence of all maternal illness nor, as in the General Household Survey of illness which restricted routine activity, but specifically of those conditions which hampered child care.

It early became apparent that whether the mother had stayed in bed or not depended in part on whether help was available. One mother who had had tonsillitis for example, said 'I would have stayed in bed if there had been anyone to help'. For this reason we did not distinguish between days in bed and other days during which mothers had been unable to cope with their children. Together they are referred to here as days of maternal inefficiency due to ill health. The illnesses involved, in both cases, are described as those which hampered child care.

No explicit distinction is made between chronic and acute illnesses, although this is sometimes implied by the condition itself. Infectious diseases for example, are likely to be temporary, whilst mental disorders will mostly be of longer duration. Our main aim instead, has been to show the number of child days in a two-week period during which mothers found it difficult because of illness to look after their children properly, and especially those for which no other help was available. The results are likely to provide a minimal estimate, partly because relevant illnesses during the first week of the fortnight may be under-reported², and partly because interviewing took place in the summer months when the prevalence of reported illnesses approaches its lowest point³. On the other hand, there was evidence of double counting by a few of the mothers who had both

spent time in bed and been unable to cope—eg a mother who said that during the past two weeks she had spent four days in bed and 14 days otherwise unable to cope with her child. Where, as in this case the double counting was obvious, the number of days of incapacity was counted as 14. (Only three per cent of the mothers had both stayed in bed and otherwise been unable to cope.)

Our second objective was to show the kind of conditions from which the mothers affected had suffered and to look at the way in which some of these affected child care.

7.1 The classification of maternal illnesses used
Mothers' replies to the question 'What has been the matter with you?' were coded according to the 4-digit categories of the International Classification of Diseases (1965 Revision). This results in an unwieldy multiplicity of codes, and grouping according to the ICD system was often not relevant either to the way in which mothers' ill health may affect child care, nor to the way in which they described conditions, which was frequently in terms of symptoms. Mothers often spoke, for example, of 'head-aches', 'backaches', and 'nerves'.

The grouping adopted was intended to bring together descriptions which might be interchangeable (eg headache and migraine), to include a reasonable proportion of cases in each category, to represent conditions whose prevalence might reflect poor living conditions (eg common infections, colds, etc) and to distinguish the probably longer lasting from the briefer illnesses. In fact, an undesirably large number of conditions were relegated

¹ In an attempt to avoid underestimating the prevalence of relevant maternal illness, interviewers were asked to call back within a fortnight on any mothers who were too ill at the initial visit to be interviewed.

² *The General Household Survey*, Introductory Report, HMSO, 1973, p.293, shows that the number of 'restricted activity' days during the first of two weeks preceding interview was 84 per cent of those reported in the 2nd week—ie the week immediately preceding interview. Whether this is due to under-reporting or to a tendency to shift episodes of illness to the second week is not known.

³ *The General Household Survey*, Introductory Report, HMSO, 1973, Table 8.31, p.310, shows that fewest people report restricted activity during the third quarter of the year.

to the 'other' group. A complete list of the ICD codes included in each category is given in the Annex to this chapter.

7.2 The mothers and children affected

Nearly a quarter (24 per cent) of the children had mothers who had been hampered for at least one day during the preceding fortnight, and this involved 23 per cent of the mothers.

For most of the children involved (16 per cent of all children) their mothers had been unwell for three or less days during the two-week period, whilst mothers of the remaining nine per cent had been unwell for four or more days, including three percent whose mothers had been hampered for the whole fortnight. Maternal inefficiency of four or more days' duration affected rather more of the children of manual than of non-manual workers (ten per cent compared with five per cent) (Table 7.1).

Most of the mothers who had been hampered had received help with their young children at the time, usually from their husbands or mothers and sometimes from more than one source, although we did not ask whether the help had covered the whole time they were unwell. However, nine per cent of the children had mothers who had been unwell and had received no help. In most of such cases the mother had been unwell for three days or less, but mothers of three per cent of the children had been hampered for four days or more and had had no help. This included one per cent whose mothers had been unable to cope for the entire fortnight and yet had no assistance.

There are at least two possible ways of relating the information about maternal sickness to day care needs. One is to consider that only children whose mothers had been hampered and without help with the children for a minimum period had a special need for day care. The other is to count a child as a potential user on any day his mother is unwell. On the conservative side, for example, it might be argued that only those whose mothers had been unwell and without help for the entire fortnight were in need and that although other unwell mothers

and their children might experience difficulties, the comparatively short duration of the circumstances warranted no special allocation of day care resources.

The other, more liberal and most expensive, approach is to assume that any day of maternal inefficiency is a potential hazard for the child and to ensure that day care is available for all the child days involved.

To give a rough guide to the implications for provision of the second approach, we calculated the number of days of hampering maternal illness per child, and found that there was on average one such day for each child during the fortnight. If these days are evenly distributed over the fortnight and fortnights do not differ from one another⁴, then one day provision place to cover maternal illness would be needed for every 14 children. Put another way, places would be required for seven per cent of the children to cover this particular need.

In fact, as was pointed out earlier, most of the mothers affected received help during their spells of inefficiency. If only the spells without help are considered, then there was less than a half of an unassisted day of maternal inefficiency per child during the fortnight, which is equivalent to places for nearly three per cent of all under fives for this purpose.

As will be shown in Chapter 10, spells of maternal inefficiency were somewhat clustered amongst groups of children who had other needs, so that the figure of almost three per cent is not entirely an extension of other limits of need.

The figure provides only a very rough indication of the level of need from this source, partly because, as suggested earlier, the number of days of maternal inefficiency is unlikely to be wholly accurate and in any case relates only to the summer months.

⁴ It was shown in footnote 3 on page 37 that the survey fortnights probably included fewer illnesses than fortnights at other seasons of the year.

Table 7.1 Number of days of maternal inefficiency due to illness during two weeks preceding interview, according to social class

	All classes	Social class							
		I	II	IIIN and IVN	All non-manual	IIIM	IVM and V	All manual	Un-classified
Number of child days of incapacitating maternal illness:	%	%	%	%	%	%	%	%	%
0	76	76	80	75	78	76	74	75	75
1	6	9	8	7	8	5	4	5	7
2-3	10	10	8	10	9	10	11	10	8
4-7	5	3	2	6	3	5	7	6	3
8-13	1	2	1	1	1	1	1	1	3
14	3	0	1	1	1	3	3	3	5

Base: Children under 5 years
(= 100%)

2501 146 415 252 813 1121 373 1494 194

In addition, no allowance has been made for concurrent maternal and child illnesses, during which day provision can be of no help, nor for episodes of maternal ill health, during which no one was available to accompany the child to and from a facility. The evidence however, is that whether attention is confined to children of mothers who were hampered for the whole period of 14 days or to all child days of unassisted maternal inefficiency, the need arising from this source is quite low.

If day provision places were to be provided for any day of unassisted maternal inefficiency, they would clearly only be fully used if the facility were widely known, always available without prior notice and easily accessible.

7.3 Types of maternal illness

It is surprising that nearly a quarter of the mothers, comparatively young women—had been hampered by ill health for at least one day during the preceding two weeks. In the General Household Survey for 1973, only ten per cent of women aged 15–44 reported a day or more of restricted activity due to ill health during a two-week reference period⁵. The difference arises no doubt, largely because we asked not as in the GHS, whether mothers had had to cut down on their normal activities because of ill health, but whether ill health had made it difficult to cope with their children⁶.

Nevertheless the high proportion of mothers affected is startling and no obvious explanation is to be found in the

types of conditions from which they had suffered, although over half the reported conditions consisted of colds, etc, headaches, mental disorders (usually 'nerves' or depression), discomforts of pregnancy and childbirth or menstruation, all of which may be particularly trying when a young child is present, even if he had not to be fed, clothed and entertained, but which would not necessarily restrict routine activities.

Table 7.2 shows the types of illnesses which the mothers reported and reveals no clear differences according to social class.

Although the numbers of mothers who had had each type of illness were quite small, the duration of maternal inefficiency varied as expected, according to the type of condition involved: mental troubles and disorders of pregnancy and childbirth were the most likely to have lasted throughout the two-week period, whilst headaches, stomach upsets and discomforts of menstruation had most commonly hampered child care for three days or less.

7.4 The example of headaches

Three per cent of the mothers had experienced headaches during the two-week period and it seemed worth looking at some of these cases more closely as examples of the effects of a comparatively common but minor complaint. Although these effects may be compounded if, as is possible, the headache is due to chronic anxiety.

For this purpose, 25 interview records were examined in detail.

It is worth remembering, that most of the mothers affected had suffered from headaches on less than four days during the fortnight.

Table 7.2 Types of maternal illness which had hampered child care during the two weeks preceding interview, according to social class

	All classes	Social class							Un-classified
		I	II	IIIN and IVN	All non-manual	IIIM	IVM and V	All manual	
Type of illness:	%	%	%	%	%	%	%	%	%
Common infections	1	0	1	2	1	1	2	1	1
Cold/cough/sore throat	3	5	2	3	3	3	1	2	4
Stomach upsets	3	3	4	2	3	3	3	3	3
Headache	3	4	2	4	3	3	5	4	2
Backache, rheumatism etc	1	1	0	1	—	1	1	1	0
Mental disorders	3	2	2	2	2	3	3	3	5
Pregnancy/childbirth ¹	3	3	2	4	3	4	3	4	0
Disorders of menstruation	2	3	2	2	2	1	1	1	2
Other	7	4	5	8	6	7	9	7	10
None	77	77	80	74	78	77	75	76	73
Base: Mothers of children under 5 years (= 100%)	1909	104	322	197	621	839	287	1126	161

¹ This category refers to disorders and discomforts of childbirth and pregnancy, or to normal childbirth if it had occurred during the two-week period or the mother was still recovering during the two-week period.

About half the headaches were termed migraine, and several mothers said (although not asked) that they took prescribed medicine for the condition. A few associated their headaches with menstruation and most reported or implied that the headaches were either frequent or, if not frequent, occurred regularly.

Headaches made it difficult for mothers to cope with young children simply because the care and even presence of children is incompatible with the rest and quiet the condition demands. Mothers referred to the difficulty of doing anything like getting meals, on such occasions, and to the noise and constant demands of their children. Some said they became irritable or angry at the time with their children who in some cases reacted, as the mothers thought, by becoming extra naughty and in others extra good. The difficulties were presumably compounded when, as with a few mothers, the headaches were accompanied by nausea, vomiting or impaired vision. However, in none of the cases examined was there any suggestion that the mothers became dangerously neglectful or hit their children because of headaches.

The peculiar problem for mothers of young children is of course, that they often cannot take time off work, retire to bed or to a quiet dark room. As one said, 'If I could take the tablets and go to bed for just an hour, everything would be all right—but you can't leave children'. In fact, about half of all the mothers who had had headaches had received help with the children at the time. It is not known whether the help covered all or most of the period involved or whether, especially when the husband had helped, relief was provided only in the evening or at weekends. At least one husband, and possibly two, in the cases examined had taken time off work to help⁷.

Examples of probably chronic conditions, those we have called 'depression' and 'anxiety', are the subject of the following chapter.

⁷ In retrospect, it seems unfortunate that we did not ask specifically about time taken off work by husbands when mothers were ill, since this might have suggested whether or not there are economic benefits in providing day care for children on such occasions.

Annex ICD codes used in the grouping of maternal illnesses

ICD codes:	Condition:	Group name:
055	measles	common infections
056	rubella	
072	mumps	
136	other and unspecified infective and parasitic diseases	
470, 472—4	influenza (without pneumonia)	
7888	pyrexia of unknown origin	
0799	viral infection, unspecified	cold, cough, sore throat
0340	streptococcal sore throat	
460	common cold	
461	acute sinusitis	
462	acute pharyngitis	
463	acute tonsillitis	
464	acute laryngitis and tracheitis	
465	acute upper respiratory infection of multiple or unspecified sites	
7833	cough	upset stomach
0090	dysentery, unspecified	
0091	diarrhoea	
0092	gastro-enteritis and colitis	
7841	nausea and vomiting	
5369	other disorders of function of stomach (includes indigestion)	
7855	abdominal pain	headache
7854	flatulence	
346	migraine	
791	headache	backache, rheumatism, etc
3068	cephalalgia (includes tension headache)	
353	sciatica	
717	other non-articular rheumatism	
7170	lumbago	
7171	scapulohumeral myofibrosis	
7172	torticollis	
7179	other muscular rheumatism, fibrositis and myalgia	
718	rheumatism, unspecified	
7287	lumbalgia	
7288	radicular syndrome of lower limbs	
7289	other vertebrogenic pain (includes backache NOS)	
725	displacement of intervertebral disc	

Annex ICD codes used in the grouping of maternal illnesses—*contd*

ICD Codes:	Condition:	Group name:
790, 7900—2	nervousness and debility	} mental disorders
2962	manic-depressive psychosis, depressed type	
2980	reactive-depressive psychosis	
300	neuroses	
3000	anxiety neurosis	
3002	phobic neurosis	
3003	obsessive compulsive neurosis	
3004	depressive neurosis	} disorders and discomforts of pregnancy and childbirth
3005	neurasthenia	
3009	unspecified neurosis (includes 'nervous breakdown')	
307	transient situational disturbance	
Y60	normal pregnancy	} disorders and discomforts of pregnancy and childbirth
Y61	normal puerperium	
631—678	disorders of pregnancy and complications of delivery and the puerperium	disorders of menstruation
626, 6260—9	disorders of menstruation	other
All others	all others	

8 Distressed mothers

Two groups of children considered to be in need of day care are those whose mothers are unable to care for them adequately and those for whom day care may prevent the disintegration of their families.

Mothers may be unable to look after their children properly and families may disintegrate for a whole variety of social, economic, health and personality reasons. Some of the conditions likely to impede good child care and family harmony have been the subjects of earlier chapters although in other contexts. Here we shall be concerned with just one of the circumstances possibly involved—maternal mental distress, and specifically depression and anxiety.

The effect of these conditions on family life and child care are certainly complex, but where either occurs there is a *prima facie* case for intervention by the health and social services, of which day provision may be one relevant form. In the next chapter more specific reasons for considering the children of such mothers as being in need will be examined.

8.1 Maternal depression—the measure used

As many as 42 per cent of the mothers said they had felt miserable or depressed during the four weeks preceding interview. But although the figure is startling, it indicates nothing about the quality or persistence of the experience. For this reason, the mothers concerned were further questioned about the presence and frequency of certain symptoms of depression—that is, whether it had:

affected their appetite
affected their sleep
stopped them getting on with things
resulted in episodes of crying
made them tense and irritable
made them feel they had no energy
made them feel like walking out and leaving it all
made them feel life was not worth living
(Question 50)

A score of one was allotted for each 'yes' reply, so that the maximum possible score was eight and the minimum possible was 0.

An intensive investigation of depression in an Inner London area classified 16 per cent of a random sample of women as depressed¹, and in order to yield the same proportion of cases, mothers with scores of five or more in the present survey (16 per cent) were first labelled 'depressed'. The criterion was then further restricted by eliminating from the group and recoding as nil all those who experienced no symptom as often as once a week. This editing left 11 per cent of the mothers in the 'depressed' group (and 12 per cent of the children with 'depressed' mothers).

The resulting group of women with high scores does not necessarily include all and only those who might be diagnosed as depressed by a psychiatrist. It included almost all those who at the earlier question (Question 45) on incapacitating maternal illness said they were suffering from depression or nerves² (for which some said they were receiving treatment) as well as all but one who spoke of suicide, including recent attempts³—not all of which were known to a doctor.

One group of investigators say of the women they classified as depressed (by other methods), 'Quite apart from... whether they should be called 'ill' or 'disturbed' . . . these women *had been in much distress, did suffer* and were all certainly *most unhappy women*'³. The present survey lacks the wealth of illustrative detail available from more intensive studies, but as the examples later quoted show, the mothers here are considered as 'depressed' present impressions of people in considerable distress.

¹ Brown, G W, Brokhain, M and Harris, T (1975)—Social Class and Psychiatric Disturbance among Women in an Urban population, *Sociology* 9, 2, pp.225—254. The investigators assessed 16% of a random sample of women in an Inner London Borough as psychiatrically disturbed (of whom the great majority were depressed) during the preceding 3 months, but 27% amongst those with a child under 6 years living at home. In as far as our measure produces comparable cases, the criterion we set is conservative.

² The few exceptions were either:

(a) those who were evidently receiving effective treatment which meant they were currently experiencing few of the symptoms covered and
(b) those for whom no answers were recorded to some of the questions, thus reducing their scores.

³ Brown et al (1975) op cit (author's italics).

Since the criterion is essentially arbitrary, the discussion which follows is concerned less with the percentages of mothers who were 'depressed' than with differences between groups and, in the next chapter, with the association between 'depressed' mothers and children's behaviour.

The survey was not designed to discern the causes of maternal 'depression', any more than of other kinds of need, and the purpose of showing differences in the prevalence of 'depression' between different groups is to indicate only where cases are most likely to be found.

Examples of the kind of mothers included as 'depressed' are:

(a) A pregnant mother whose depression affected her appetite. She experienced continual lack of energy, and at least weekly felt tense and irritable and found it difficult to get on with things. Less frequently, she found herself crying.

(Score = 5)

(b) A mother who said she was suffering from 'bad nerves', she had difficulty in getting to sleep, and daily felt tense and irritable and lacking in energy. From time to time she had bouts of crying, felt like walking out and that life was not worth living.

(Score = 6)

(c) This mother also suffered from headaches. Her depression, at least weekly, affected her appetite, caused her to wake early, and stopped her from getting on with things; she cried and felt tense and irritable, like walking out and that life was not worth living. She had had a nervous breakdown two years previously and said her doctor had told her she was heading for another.

(Score = 7)

(d) A mother who said she suffered from headaches, occasionally found it difficult to get to sleep and woke early. Feeling depressed affected her appetite, stopped her getting on with things, she cried, felt tense and irritable, had no energy, felt like walking out and that life was not worth living, and felt like this every day. She said nothing made her feel better.

(Score = 8)

These examples exclude the few mothers who spontaneously told of suicidal attempts or ideas.

8.2 The characteristics of depressed mothers

As other investigators⁴ have found, 'depression' was more common amongst wives of manual than of other workers, and particularly so for wives of semi- and unskilled workers: only 4 per cent of the wives of professional workers had high scores, but 19 per cent of the wives of the least skilled (Table 8.1).

Lone parents, who for the most part were not allotted to any social class, were similar to the wives of the least skilled, in that 18 per cent were 'depressed' compared with 11 per cent of currently married mothers (Table 8.2).

Table 8.2 Depressed mothers, according to type of family

	All types	Family Type	
		One parent	Two parents
'Depression' score:	%	%	%
0	80	68	81
1-4	9	15	8
5-8 ('depressed')	11	18	11

Base: Mothers of children under 5 years (= 100%)

1909 120 1789

Other studies have found that depression or distress is more common amongst unemployed than employed mothers, but the difference shown by the present survey, although in the same direction, was very slight and confined to the wives of manual workers. Of all unemployed mothers 12 per cent had high scores compared with nine per cent of all the employed, whilst amongst the wives of manual workers 14 per cent of the unemployed were 'depressed', and ten per cent of working mothers.

⁴ eg Brown, G W, et al (1975) op cit.

Table 8.1 'Depressed' mothers, according to social class

	All classes	Social Class						
		I	II	III- and IVN	All non-manual	IIIM	IVM and v	All manual
'Depression' score:	%	%	%	%	%	%	%	%
0	80	87	88	80	86	81	72	78
1-4	9	8	6	11	8	8	9	8
5-8 ('depressed')	11	4	6	9	6	11	19	13
Base: All mothers of children under 5 years (= 100%)	1909	103	321	197	621	839	287	1126

Table 8.3 Maternal 'depression' scores, according to type of accommodation

	All accommodation	Type of accommodation		
		Whole house	Flat/maisonette	Other
'Depression' score:	%	%	%	%
0	80	81	72	81
1-4	9	9	11	5
5-8 ('depressed')	11	10	18	14
<i>Base: Mothers of children under 5 years (= 100%)</i>				
	1909	1644	207	57

The kind of housing inhabited by the family appeared to be of some importance, and mothers living in flats or who lacked ample space were more likely than others to be 'depressed' (Tables 8.3 and 8.4). These differences applied within both the manual and non-manual groups.

Three demographic characteristics also proved to be relevant: the mother's age at the birth of her first child, the number of children in the family living at home, and the number of children under five years.

The first, maternal age at birth of her first-born, was clearly related to 'depression', so that the younger the

Table 8.4 Maternal 'depression' scores, according to difference from bedroom standard

	All accommodation	Difference from bedroom standard		
		Below standard	Equal to standard	Above standard
'Depression' score:	%	%	%	%
0	80	78	76	84
1-4	9	10	10	8
5-8 ('depressed')	11	12	15	8
<i>Base: Mothers of children under 5 years (= 100%)</i>				
	1909	273	717	918

mother at the time the more likely she was to be 'depressed'. The wives of manual workers are more prone than others to begin childbearing early⁵, but this was not the reason for the relationship which was evident within social class groups (Tables 8.5(a)-(c)). Figures are shown only for all wives in the non-manual and all wives in the manual group, but the trend

⁵ *Social Trends* No 6, HMSO 1975, p.15. The same trend was evident amongst mothers in the sample—eg 10 per cent of the wives of non-manual workers had their first child before the age of 20, and 28 per cent of the wives of manual workers.

Table 8.5 'Depressed' mothers, according to mother's age at birth of first born child

	All ages	Age at birth of first born			
		Under 20	20—24	25—29	30 and over
(a) All mothers					
'Depression' score:	%	%	%	%	%
0	80	71	80	86	88
1—4	9	11	9	7	8
5—8 ('depressed')	11	18	11	7	4
<i>Base: Mothers of children under 5 years (= 100%)</i>					
	1909	442	857	456	128
(b) Wives of non-manual workers					
'Depression' score:					
0	86	77	85	89	85
1—4	8	8	8	7	12
5—8 ('depressed')	6	15	7	4	3
<i>Base: Mothers of children under 5 years (= 100%)</i>					
	621	61	246	245	59
(c) Wives of manual workers					
'Depression' score:					
0	78	71	79	85	92
1—4	8	10	10	5	3
5—8 ('depressed')	13	19	11	10	5
<i>Base: Mothers of children under 5 years (= 100%)</i>					
	1126	321	544	185	61

persisted even within specific groups—eg Class IIIIM and Classes IVM and V. In the latter group, amongst whom early childbearing is comparatively common, 24 per cent of the mothers whose first child was born before they were 20 were 'depressed'.

'Depression' was commonest amongst mothers with five or more children (of any age) living at home, and least amongst those with only one. But the number of children under five years appeared to be rather more pertinent and, whilst 17 per cent of the mothers with three or four children under five were 'depressed', only ten per cent of those with only one were in the same state (Tables 8.6 and 8.7).

8.3 Anxiety—the measure used

In this case, unlike for 'depression', no scoring scale was used, and instead mothers were simply classified as 'anxious' or 'not anxious' according to whether they met the criterion set. The 'anxious' group comprised women who:

feared more than three situations (like crowds, heights, lifts, going out socially), and/or

whose fear of at least one situation sometimes prevented them from going out, and/or

who sometimes became frightened or panicky for no reason and reported more than three associated somatic symptoms (like palpitations, nausea, dizziness)

(Questions 48 and 49)

On this basis, over four per cent of the mothers were considered to be 'anxious'. Similar qualifications attach to the composition of this group as in the case of the 'depressed'—that is to say, there is no claim that it includes all and only those who would be diagnosed as suffering from anxiety neurosis and similar conditions by a psychiatrist, but it included all those who mentioned such terms at the earlier Question 45 on incapacitating illness.

Examples of mothers classified as 'anxious' are:

- (a) She got worried or panicky about going out socially and this sometimes prevented her from going out (presumably only socially). She occasionally

panicked for no reason and at the time had 'butterflies' in her stomach. She added that she was afraid to put out the lights when going to bed.

- (b) Mother who worried most of the time about her health. She was afraid of heights, lifts and crowds, going out socially, and said she found it impossible to leave the house on her own and had always had to run home whenever she had tried to do so. She daily panicked without reason and then experienced palpitations, sweating and 'butterflies' in her stomach.
- (c) Mother who said she was suffering from anxiety neurosis and depression. She worried continually about her health, feared heights, lifts, crowds, going out socially, and leaving the house and entering shops. These fears prevented her from going out at all. She occasionally panicked for no reason and then suffered from palpitations, 'butterflies' in her stomach, dizziness and nausea. She was unable to look after her house and children unaided.

The characteristics of 'anxious' mothers

Of the four and a half per cent of mothers who were considered to be 'anxious', about 40% were also classified as 'depressed', so that the location of the latter group is likely to identify a considerable proportion of the former. These mothers accounted for 4.6 per cent of the children.

Other than this, there was no indication that any but one of the characteristics considered (the same ones as in the case of 'depression') were related to anxiety. The sole

Table 8.7 Maternal 'depression' score, according to the number of her children under 5 years living at home

	All mothers	Number of children under 5 years			
		1	2	3—4	
'Depression' score:	%	%	%	%	
0	80	82	76	80	
1—4	9	8	11	3	
5—8 ('depressed')	11	10	13	17	

Base: Mothers of children under 5 years (= 100%)

1909 1372 485 52

Table 8.6 Maternal 'depression' score, according to the number of her children (of any age) living at home

	All mothers	Number of children				
		1	2	3	4	5—9
Maternal 'depression' score:	%	%	%	%	%	%
0	80	81	80	79	77	77
1—4	9	9	9	7	11	8
5—8 ('depressed')	11	10	11	14	12	15

Base: Mothers of children under 5 years (= 100%)

1909 626 739 343 103 98

exception was the mother's age at birth of her first born, where there was a slight indication that the younger the mother at the time the more likely she was to be 'anxious' (Table 8.8).

Table 8.8 'Anxious' mothers, according to their age at birth of their first born living child

	All ages	Age at birth of first child			
		Under 20	20-24	25-29	30 and over
'Anxiety':	%	%	%	%	%
'Anxious'	4	6	5	3	3
Not 'anxious'	96	94	95	97	97

Base: Mothers of children under 5 years (= 100%)

1909¹ 442 857 456 128

¹Total includes 26 mothers whose age at birth of their first born was unknown.

Table 8.9 Desire for day provision, according to mother's depression score

	All scores	Maternal depression score		
		0	1-4	5-8
Desire	%	%	%	%
Day provision used	32	33	25	27
Not used but desired	33	30	41	44
Total desiring day provision	64	63	66	71
Day provision not desired	34	35	30	27
Not known	2	2	4	2

Base: Children under 5 years (= 100%)

2501 1980 224 297

Table 8.10 Desire for day provision, according to whether mother was 'anxious' or not

	All mothers	Not 'anxious'	'anxious'
Desire:	%	%	%
Day provision used	32	31	35
Not used but desired	33	33	32
Total desiring day provision	64	64	67
Day provision not desired	34	34	31
Not known	2	2	2

Base: Children under 5 years (= 100%)

2501 2387 114

8.4 Maternal distress and the desire for day provision
Rather fewer of the children whose mothers had a 'depression' score of one or more, than others, were using day provision, although the desire for it (and therefore of unmet desire) was greatest for the children of 'depressed' mothers (Table 8.9).

Children of 'anxious' mothers, on the other hand, were slightly more likely than other children to be using day provision, but even so it was wanted but not received for about a third of such children (Table 8.10).

Note on the relationship between maternal depression and early child bearing

The relationships between depression and most of the characteristics considered here have been found in other investigations and, in particular, some of the social class related processes implicated in the onset of depression have been explored by Brown and his colleagues in the paper, (quoted earlier)⁶. The association of maternal depression with age at first child bearing however, has not to our knowledge, been examined or suggested elsewhere. It is tempting to consider early childbearing as playing some causal role in the occurrence of 'depression' and to a lesser extent, of 'anxiety', and so it may do, but it would certainly be unwise to jump to this conclusion in the absence of evidence of the mechanisms involved. The association could arise because women who have children unusually early expose themselves to undue stress (eg financial difficulties, isolation from contemporaries⁷), but it could equally well be that women who for some other reason are prone to 'depression' or 'anxiety' also have children unusually early (eg they marry and start a family early to escape from an unhappy background).

If the first were true, it would be useful (on these grounds) to discourage women from early childbearing, but if the second were the case, such a policy might well prove fruitless.

⁶ Brown, G W, Brochain Maud, Harris, T (1975). Social class and Psychiatric Disturbance among women in an urban population, *Sociology* 9, 2, pp.225-254.

⁷ There was no evidence of a greater degree of social isolation amongst the survey mothers who were under 20 at first birth than amongst others. They were as likely as other mothers to have talked to friends during the week preceding interview and to have got out on their own without their children. Moreover, early childbearing was common amongst the wives of the least skilled manual workers; about 1 in 3 of these wives had had a child before they were 20 years old. There was, therefore, nothing about the timing of the stages of their life cycle which should have isolated them from their contemporaries.

9 Children with behaviour difficulties

One category of need comprises children for whom day care may prevent the break-up of their families, and the Seebohm Committee¹ exemplified children's difficult or abnormal behaviour as a potential threat to family harmony. As suggested in Chapter 8, there are many other possible hazards to family cohesion and it is possible to think of other circumstances in which day provision for the child may mitigate such hazards², but for the present purposes attention is confined to the children with behaviour difficulties.

Volunteered claims by mothers that their small children's behaviour was actually disrupting the family occurred but were rare, and it seems likely that a difficult child alone will seldom destroy a family and more probable that it is a threat which may be activated by other stressful conditions. Moreover, common sense and other evidence suggest that children's difficult behaviour is often a consequence of family problems and may be as well used as an indicator of the child's welfare as of his disruptive capacities. Whether specific difficult children are cause or effect of other family pathology, or the two circumstances interact, both the children and their mothers may benefit from day provision. The children may profit from experience of a social environment other than that of their families and, in addition their behaviour can be observed outside their homes. At the same time, their mothers may welcome some respite from the continuous presence of a child they find difficult.

9.1 The measure used

A check list of behaviour developed as a screening device for identifying behaviour difficulties amongst three year old children was used for all children aged one or more³. The list (Qs17, 24, 32 and 41 in the interview schedule) consists of a basic 12 items each of which can be rated nil, one or two, yielding a maximum score of 24 and a minimum of nought. Although the originators most recently defined scores of ten or more as behaviour difficulties⁴, we used their first criterion of 11 or more. (See note at end of chapter on validity).

The disadvantage of the check list for the present enquiry was that it was developed for three year olds and some of its constituent items, like those on dependency

or concentration, appeared less meaningful when applied to the youngest children, particularly those aged one.

9.2 The characteristics of children with behaviour difficulties

Ten per cent of the one to four year olds had a score of 11 or more. The proportion was least amongst one year olds (six per cent), which may be because at this age children are really less likely to have difficulties or because the measure was inappropriate to the problems they raise (Table 9.1). If it indicates a real increase in difficulties between ages one and two, this may help to explain the surge in the desire for day care between these ages.⁵

The 12 per cent of three year olds with high scores compares with 14 per cent found in a London Borough by more intensive methods and using a criterion score of 10+⁶. Had this criterion been used in our survey, instead of 11+, 19 per cent of the three year olds would have been classified as 'difficult'.

Children of manual workers were a little more likely than others to have scores of 11 or over, and this difference occurred within each age-group but was negligible at ages two and three (Tables 9.2 and 9.3).

¹ Report of the Committee on Local Authority and Allied Personal Social Services, Cmd. 3703, HMSO, 1968, pp.58-60.

² eg a normally energetic and noisy child may upset neighbours who consequently harass his mother.

³ The check list was developed by N Richman and P J Graham of the Department of Psychological Medicine, Hospital for Sick Children, Great Ormond Street, from a more complex instrument described in N Richman and P J Graham—A Behavioural Screening Questionnaire for Use with Three Year Old Children—Preliminary Findings—*J. Child Psychol. Psychiatr.*, Vol.12, 1971, pp.5-33.

⁴ N Richman, J G Stevenson and P J Graham, *Prevalence of Behaviour Problems in three year old children: an epidemiological study in a London Borough*, *J. Child Psychol. Psychiatr.*, Vol.16, 1975, pp.227-287.

⁵ Although only a small proportion of children had high scores, it may be that in the normal course of development children in general become less easily managed by their mothers around the age of two years, and that this accounts for the large increase in the desire for day provision.

⁶ N Richman, J G Stevenson, P J Graham, 1975, op cit. & N Richman (personal communication).

A rather greater difference occurred between children with one parent only and others: 18 per cent of those with one parent compared with 10 per cent of those with two had high scores.

No association between flat living or over-crowding and behaviour difficulties was evident.

There was also no evidence of any relationship between family size and behaviour difficulties, but slightly fewer of the children with no siblings under five than others had high scores (nine per cent compared with 12 per cent).

Within age groups, there was no difference between the sexes in the proportions with high scores and although

slightly more of first than later born children had difficulties, the difference was small (12 per cent compared with 9 per cent).

The clearest relationship occurred between high scores and the mother's age at birth of the child—the younger the mother at birth the more likely the child was to have behaviour difficulties. Manual workers' wives tend to bear children earlier than other women⁷ and this relationship could be in part a reflection of social class differences (although it is more marked than the latter).

⁷ See *Social trends*, No 6, 1975, HMSO, pp13–15 and Table 1.5 in Chapter 1.

Table 9.1 Children aged 1–4 with behaviour difficulties, according to age

	All ages	Age in years			
		1	2	3	4
Behaviour score:	%	%	%	%	%
No difficulties: 0	1	1	1	1	—
1–10	89	93	88	87	88
Difficulties: 11–24	10	6	11	12	12
Base: Children aged 1–4 (= 100%)	2071	468	541	529	533

Table 9.2 Children aged 1–4 with behaviour difficulties, according to social class

	All classes	Social class						
		I	II	III and IVN	All non-manual	IIIM	IVM and V	All manual
Behaviour score:	%	%	%	%	%	%	%	%
No difficulties: 0	1	2	—	0	—	1	1	1
1–10	89	91	94	92	93	89	87	88
Difficulties: 11–24	10	7	6	8	7	10	12	11
Base: Children aged 1–4 (= 100%)	2071 ¹	118	346	215	679	913	315	1228

¹ Includes 164 children not classified.

Table 9.3 Children aged 1–4 with behaviour difficulties, according to age and social class

	Age and social class							
	1 year		2 years		3 years		4 years	
	non-manual	manual	non-manual	manual	non-manual	manual	non-manual	manual
Behaviour score:	%	%	%	%	%	%	%	%
No difficulties: 0	0	1	1	1	0	1	1	—
1–10	98	92	90	88	90	88	93	86
Difficulties: 11–24	2	7	9	11	10	11	6	14
Base: Children aged 1–4 (= 100%)	150	277	188	318	178	309	164	324

In fact, this was not the case and within each social class group the older the mother at the child's birth the less likely he was to have behaviour difficulties.

Very few of the children of non-manual workers had been born when their mother was under 20, and in this case the most marked difference occurred between children born to mothers when they were under 30 or 30 years and over. For children of manual workers, on the other hand, the greatest difference was between children born when their mothers were less than 20 years old, and others (Tables 9.4(a)–(c)).

However, less than a fifth of the children with behaviour difficulties were to be found amongst the relatively small group with either lone parents or a semi or unskilled father or a mother who had been under 20 years at the

time of the child's birth. Many more (45 per cent) of the children affected could be found by substituting for the mother's age at the birth of the child concerned her age at birth of her first born, and because many more children had mothers who had been under 20 at the birth of their oldest sibling than at their own birth (24 per cent compared with eight per cent), this characteristic identified far more of the children with high scores (Table 9.5).

It is incidentally worth noting that the survey findings do not show that early childbearing, of itself or through its consequences, induces behaviour difficulties in children. It is equally possible that some of the circumstances which lead to unusually early childbearing also, sometimes, generate behaviour difficulties.

Table 9.4 Children aged 1–4 with behaviour difficulties according to mother's age at birth

	Mother's age at birth of child					
	All ages	Under 20	20–24	25–29	30–34	35 and over
(a) All 1–4 year olds	%	%	%	%	%	%
Behaviour score:						
No difficulties: 0	1	0	1	1	1	—
1–10	89	84	87	89	92	94
Difficulties: 11–24	10	16	12	10	7	6
Base: Children aged 1–4 (= 100%)	2071	153	657	703	338	183
(b) Children of non-manual workers only	Number					
Behaviour score:						
No difficulties: 0	—	(0)	1	—	1	0
1–10	93	(13)	90	91	96	98
Difficulties: 11–24	7	(1)	9	9	3	2
Base: Children aged 1–4 (= 100%)	679	14	136	306	152	56
(c) Children of manual workers only	%					
Behaviour score:						
No difficulties: 0	1	0	1	1	1	1
1–10	88	84	88	89	89	91
Difficulties: 11–24	11	16	11	10	10	8
Base: Children aged 1–4 (= 100%)	1228	109	459	359	165	116

Note: Figures in brackets are actual numbers where the base is too small for percentages to be meaningful.

Table 9.5 Children aged 1–4 with behaviour difficulties, according to their mother's age at birth of her first born child

	Mother's age at birth of her first born child				
	All ages	Under 20	20–24	25–29	30 and over
Behaviour score:	%	%	%	%	%
No difficulties: 0	1	—	1	—	0
1–10	89	85	90	92	93
Difficulties: 11–24	10	15	9	8	7
Base: Children aged 1–4 (= 100%)	2071	483	945	495	121

9.3 Behaviour difficulties and children causing concern
A quarter of the one to four year old children classified as handicapped or whose mothers were worried that they might be had scores of 11 or more, compared with only nine per cent of the 'normal' children. Because of the small numbers in each group (see Chapter 6), it would be unwise to attach any weight to differences between them, but those with no clear evidence of handicap but whose mothers were worried about them appeared to be at least as prone to behaviour difficulties as handicapped children and therefore much more than the average 'normal' child.

9.4 Children under one year

For children less than one year old the check list of behaviour was clearly inappropriate, and instead their mothers were asked a series of questions about difficulties with dominant features of infant care (other than nappy changing)—feeding, sleeping and crying.

A score of one was allotted if the mother said:
there were feeding problems
she found feeding times difficult or tedious
the child did not sleep well
she found his wakefulness made her fed up with the child
the child was a rather miserable baby
he cried a lot
she attributed his crying to naughtiness
so that the maximum possible score was seven and the minimum nought.

The clearest relationships with identifying characteristics appeared when the resulting scale was cut between

nought to two and three to seven difficulties. The resulting high scoring group consists of children with either at least three separate difficulties, or at least two, one or more of which aroused some resentment in the mother.

In fact, the spontaneous remarks made by the mothers rarely suggested hostility on their part, and fears or knowledge of real problems in the babies were uncommon. In most cases difficulties were attributed to, if anything, teething or wind or colic.

Despite the presumably universal nature of such afflictions of infancy, high scores were slightly more common amongst the children of manual than non-manual workers (eight per cent compared with four per cent) and were highest for those whose mothers had been youngest at their birth (Tables 9.6 and 9.7).

There was no evidence of any relationship between the children's ages (in weeks) and high scores, nor between the latter and the mother's age at birth of her eldest child. The number of children under one with lone parents was too small (17) for further analysis.

9.5 The relationship between maternal distress and children's behaviour difficulties

Children with 'depressed' or 'anxious' mothers were more likely to have behaviour difficulties than others—for example, eight per cent of the children of mothers with a 'depression' score of nil had high scores, but 22 per cent of the children of 'depressed' mothers (Tables 9.8 and 9.9). Although not shown in Table 9.8, 35 per cent of the children whose mothers scored seven or eight had difficulties.

Table 9.6 Children aged less than one year who posed difficulties, according to social class

	Social Class						
	All classes	I	II	III and IVN	All non-manual	III and V	All manual
Difficulties with baby:	%	%	%	%	%	%	%
No difficulties: 0	8	21	10	19	15	6	5
1—2	85	76	86	76	81	88	87
Difficulties: 3—7	7	4	4	5	4	7	8
Base: Children under 1 year (= 100%)	430	28	69	37	134	208	266

Table 9.7 Children aged less than one year who had difficulties, according to mother's age at birth

	Mother's age at birth of child					
	All ages	Under 20	20—24	25—29	30—34	35 and over
Difficulties with baby:	%	%	%	%	%	%
No difficulties: 0	8	11	5	8	15	8
1—2	85	76	86	86	82	88
Difficulties: 3—7	7	14	10	5	3	4
Base: Children under 1 year (= 100%)	430	37	127	167	60	26

Table 9.8 Children aged 1-4 years with behaviour difficulties, according to maternal 'depression' score

	All scores	Maternal 'depression' score		
		0	1-4	5-8 ('depressed')
Behaviour score:	%	%	%	%
No difficulties: 0	1	1	0	0
1-10	89	91	83	78
Difficulties	11-24 10	8	17	22

Base: All Children aged 1-4 (= 100%)

	2071	1641	180	250
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Table 9.9 Children aged 1-4 years with behaviour difficulties, according to maternal anxiety

	All scores	Both groups 'Anxiety'	
		Not 'anxious'	'Anxious'
Behaviour score:	%	%	%
No difficulties: 0	1	1	0
1-10	89	89	81
Difficulties	11-24	10	19
Base: All children aged 1-4 (= 100%)			
	2071	1974	97

Table 9.10 How often mother fears she might lose control and injure child, according to whether child had behaviour difficulties

	All scores	Behaviour score	
		0-10 No difficulties	11-24 Difficulties
Frequency of mother's fear of loss of control:	%	%	%
Never	70	73	47
Once a month or less	22	20	32
More than once a month	7	5	20
NA	2	2	1
Base: Children aged 1-4 (= 100%)			
	2071	1859	212

Table 9.11 Whether mother considered her feeling of depression affected how she got on with her pre-school children, according to her depression score

	All scores	Maternal 'depression' score								
		0	1	2	3	4	5	6	7	8
Affects relationship with children:	%	%	%	%	%	%	%	%	%	%
Yes	22	14 ¹	7	31	46	53	66	66	69	71
No, or not depressed	76	85	86	56	54	44	34	34	31	29
Not known	1	1	7	12	0	3	0	0	0	0
Base: Mothers of children under 5 (= 100%)										
	1909	1528	14	32	57	64	77	64	52	21

¹ The group scoring 0 included some mothers who had felt miserable or depressed in the preceding two weeks, but who experienced no symptom as often as once a week.

However, because the great majority of children had mothers who were neither 'depressed' nor 'anxious', most of the children with behaviour difficulties belonged to unaffected mothers. Thus, whilst maternal distress appears to increase the likelihood that the child has such difficulties, there is good reason to retain interest in the identifying characteristics discussed earlier.

It can be argued that mothers who are depressed or anxious are more likely than those who are not to see their children's behaviour as abnormal. This may well be the case. But in general the perception of behaviour as unusual or difficult depends to a considerable extent on the observer and the social context, and although some behaviour would be seen as odd in a wide variety of contexts and by different observers, it happens that small children are largely limited to their home and family, which may include a 'depressed' or 'anxious' mother. If the child's behaviour is viewed as abnormal by a key member of his family, it is reasonable to suppose that he will be treated as a difficult child. A finding consistent with this possibility is that mothers of children with high scores were more likely than others to say they frequently felt they might lose control of themselves and hurt the child in question (Table 9.10).

However this may be, common sense suggests that the constant companionship of a mother who is 'depressed'—miserable and listless, irritable or weepy—is unlikely to be a happy experience for a child and evidence from elsewhere indicates that diagnosed psychiatric disorders in parents contribute towards psychiatric disorders in their children, although the relationship is evidently complex and its component mechanisms little understood⁸. Certainly, the 'depressed' mothers often thought their state affected their relationship with their young children, and the more so the higher their 'depression' score (Table 9.11). One way in which it did so was evidently to increase fears of hurting their children in uncontrolled anger (Table 9.12).

⁸ Rutter, M.—Children of sick parents: an environmental and psychiatric study. Maudsley Monogr. No.16, Oxford University Press, 1966.

Table 9.12 How often mother feels she might lose control and injure any of her 1-4 year old children, according to her depression score

	All scores	Maternal 'depression' score								
		0	1	2	3	4	5	6	7	8
Frequency of mother's fear of loss of control:	%	%	%	%	%	%	%	%	%	%
Never	69	74	92	78	60	58	46	46	41	32
Once a month or less	22	21	8	15	28	22	36	23	24	26
More than once a month	7	3	0	7	8	17	17	30	30	42
NA	2	2	0	0	4	3	0	2	4	0
<i>Base: Mothers of children aged 1-4 years (= 100%)</i>										
	1680	1335	13	27	50	60	69	61	46	19

There is no suggestion that any of the sampled mothers ever had in fact injured their children—a comparatively rare event⁹—but the 'depressed' group of mothers have some of the characteristics of parents known to have abused their children, firstly in that they were mentally distressed, and further because disproportionate numbers of them were from social classes IV or V, unusually young at the birth of their first child or both.¹⁰

9.6 Children's behaviour difficulties and desire for day provision

Rather more of the children with behaviour difficulties than others were using day care, but it was also desired for more of them so that it was not used but wanted for 36 per cent of the children with low scores, but for 40 per cent of those with high scores (Table 9.13).

Table 9.13 Desire for day provision for 1-4 year old children, according to whether child has behaviour difficulties

	All scores	Behaviour score	
		0-10 No difficulties	11-24 Difficulties
Desire:	%	%	%
Day provision used	37	37	42
Not used but desired	36	36	40
Total desiring day provision	73	73	82
Day provision not desired	25	26	18
Not known	1	1	—
<i>Base: Children aged 1-4 years (= 100%)</i>			
	2071	1859	212

Note on the validity of the behaviour check list

The reliability and validity of the check list are examined in a later paper by one of the originators (N Richman—Is a behaviour check list for pre-school children useful?—awaiting publication). The criterion of a score of 10 or more was found to identify the great majority of three year olds with moderate to severe behaviour problems and to yield more false negatives (mostly those with mild problems) than false positives.

The effect of using a criterion score of 11 or more, as in the present survey, should be to increase the proportion of false negatives by allotting a greater proportion of children with (mainly mild) problems to the No Difficulties group (scores 0-10).

⁹ A rate of 1 severe abuse/1000 children aged 0-3 years per annum is reported for north-east Wiltshire by J A Baldwin and J G Oliver—Epidemiology and family characteristics of severely abused children—Brit. J. prev. soc. Med. (1975), 29, pp.205-221.

¹⁰ Baldwin and Oliver found that parents of severely abused children in north-east Wiltshire were identified by: large family size, youthfulness (for which age of birth of eldest child is a rough surrogate), low social class, instability and gross psychiatric, medical and social pathology—J A Baldwin & J G Oliver, op cit. It was, however, the clustering of such circumstances which the investigators suggested was critical.

10 Conclusion—Who needs day care?

10.1 Types and degrees of need

When listing the different kinds of need for day care quoted in Chapter 1, the DHSS recommended to local authorities that priority should be given to children of lone parents who were obliged to work. They went on to say that the remaining categories could not be ranked and that it was the circumstances of the individual child or family which should determine precedence.

In Chapters 4 to 9 the proportions of children in each category, as it was defined for this survey, have been shown, but there are two reasons for considering the total extent of need. In the first place it indicates the level of provision necessary if all of the need described is to be met; and in the second, it can be used to suggest different degrees of need and the related levels of provision required.

The apparent extent of need, will of course vary according to whether all categories or only some are combined, and depending on whether children with only one need are included, or only those with multiple needs. For this reason, we show the total proportions of children in need according to three different measures which were called. Need group A, Need group B and the Need Score. The criteria used to allocate children to Need group A were the most stringent and objective. Need group B includes children in Need group A, together with an additional number whose identification in practice is likely to include a subjective element. The third measure, the Need Score, was applied to all children so that those who were excluded from Need group B scored 0, and the remainder were scored according to the number of separate needs they had. In detail the three measures were:—

Need group A

Children were placed in this group if one or more of the following applied to them:

1. Child had only one parent (see chapter 4).
2. Child had two parents and his mother 'had to work'—ie 'his fathers' income was less than 150 per cent of the appropriate long-term Supplementary Benefit level (see chapter 4).

3. Child's household accommodation had two or more bedrooms less than standard (see chapter 5).
4. Child's household accommodation was inadequate in four ways (see chapter 5).
5. Child was definitely handicapped—ie his movements or speech were impaired or he had a severe sensory impediment and a reportedly definite diagnosis implying handicap (see chapter 6).

Need group B

Children were allocated to Need group B if all or more of the following applied to them:

1. Child had been placed in Need group A.
2. Child's mother was worried he might be handicapped, but no definite diagnosis was reported (see chapter 6).
3. Child was three or four years old and soiled himself more than twice a week (see chapter 6).
4. Child's mother was classified as 'depressed' or 'anxious' (see chapter 8).
5. Child had behaviour difficulties—ie a behaviour score of 11 or more (see chapter 9).

The Need score

All the children in the sample were then allotted a score in the following way:

- (a) All those who fell outside Need group B were scored 0.
- (b) The remaining children (included in Need group B) were allotted a score of one for each of the circumstances below which applied to them:
 1. Child had only one parent or had two parents and his mother 'had to work'.
 2. Household accommodation was two or more bedrooms below standard or was inadequate in four ways.
 3. Child was definitely handicapped, or his mother was worried he might be handicapped, or he was three or four years old and soiled himself more than twice a week.

4. His mother was rated as 'depressed' or 'anxious'.
5. Child had behaviour difficulties.

The minimum possible score was therefore 0, and the maximum five. In practice no child had a Need score of more than four. Two categories of need were omitted from all groups: lack of opportunity to play with others (because no association was found between behaviour difficulties and social play experience as measured in the survey) and maternal illness (other than 'depression' and 'anxiety' as measured in the survey) which is discussed in the next section. Inadequate accommodation is included as an evil in its own right, even though it did not appear from this survey to be related to ill health or behaviour difficulties in children.

The percentages of children classified as in need according to these three measures were:

	Need group		Need score			
	Group A	Group B	0	1	2	3+
Whether child is in need group:	%	%				
Yes	15	36	—	26	9	2
					10	
No	85	64	64	—	—	—
Base: Children under 5 years (= 100%)	2501	2501	2501			

The proportions in both groups A and B are sizeable, 15 per cent and 36 per cent respectively, but the Need score shows that the majority of those in B had one need and that only 10 per cent of the under fives had more than one.

If to group A are added the children not included, whose mothers did work although they did not 'have to' do so, the percentage of children involved becomes 36 per cent, and if the same adjustment is made to group B, the percentage increases to 51 per cent.

10.2 How real is the need?

The DHSS stresses the importance of the circumstances of individual children and families in assessing need, and the question arises whether the isolated and systematised indicators of need used in the survey, even when combined, do identify children whose health or welfare are in jeopardy.

During the course of the interview, the mothers were asked about other events besides those used in constructing the categories of need, and this information, together with that on the children's health (discussed in chapter 6), was used to find out whether the children classified as in need, or their families experienced other difficulties besides those implied by their need status. The findings were consistent: the children "in need" were more liable than those who were not to every kind of misfortune. This applied to both groups A and B, and the risk increased with the number of needs, although in most cases those with only one were considerably worse off than those with none.

The way misfortunes clustered around those in need can be illustrated in a variety of ways. Children in need, and particularly the ones with two or more needs were more likely than others to have been unwell in the preceding fortnight, to have had an accident (usually minor) in the last five months, and more of them had mothers who feared they might injure their children in uncontrolled anger, and so on.

Summary examples of the relationships found are shown in Table 10.1 and the full range of circumstances examined and relevant tables are given in Annex 1 to this chapter. Not all the associations with need or relationships to the need score will be statistically significant (ie greater than might occur in a sample by chance) but the consistency of the evidence is impressive. In the final section of this chapter we shall refer to further indications that the lives of the children with two or more needs in particular were studded with difficulties.

A point of interest arising from the association between maternal ill-health and need (shown in Table 10.1) is that just over half the spells of hampering illness had

Table 10.1 Summary examples of occurrence of unsatisfactory circumstances according to child's need group

Circumstance	All children	Children in need		Need score			
		Group A	Group B	0	1	2	3+
Child had had 1 or more common symptom in preceding 2 weeks	%	%	%	%	%	%	%
Mother had been hampered by ill health during preceding 2 weeks	55	54	59	53	58	61	67
Mother fears she might lose control and injure child more than once a month ¹	24	26	34	19	29	45	51
Mother reported family had housing problem in preceding 5 months	7	9	12	4	7	17	41
	8	17	12	5	12	14	18
Base: Children under 5 years (= 100%)	2501	369	901	1600	645	217	39

¹ Percentages are based on numbers of children aged one to four years, and are shown in Annex 1.

occurred to mothers of children in Need group B. This implies that if all the children in this group were to use day provision, about half of the children whose mothers felt unwell at any particular time would be covered. Thus only part of the need for day care due to maternal ill-health (discussed in Chapter 7) is a potential call on facilities additional to that arising from the Need Groups defined in this chapter.

It seems, then, that a child who qualifies for inclusion in a need group is peculiarly susceptible to many other hazards, besides the disadvantageous circumstances which define his need status. The 10 per cent with more than one need are especially at risk, and even more so the roughly two per cent with three or more needs¹. In other words, although there is necessarily an arbitrary element in the interpretation and combination of the individual need categories, (a point which will be expanded later), the groups derived appear to distinguish children who are generally unfortunate.

It could be argued that the need groups consist to some extent not of children in difficult situations, but of those with suggestible mothers, who responded to interviewers' questions about problems by recalling and exaggerating minor difficulties which others had forgotten or thought too trivial to mention. In the absence

¹ The figure of two per cent must be regarded with caution. In addition to the sampling error, which is large in relation to such small percentages, it is at least possible that mothers of families with multiple problems were disproportionately represented amongst non-respondents. There is no evidence to confirm or disprove this. Some homeless families in short term accommodation may be excluded from the sampling frame itself.

of independent evidence of the problems—and, in the nature of things none exists in some cases, for example about the child's behaviour when at home with his mother—there is no completely convincing answer to this argument. It is reasonable to suppose, however, that if this is the case any preoccupation with difficulties would not be confined to the interview and that the mothers' reports reflected real problems, even though not necessarily of exactly the kind recorded.

10.3 Need and day provision

To what extent were the children in the different need groups already using day provision and for how many of them was it desired but not available? We look first at how use and desire differs between groups, and then go on to show the proportions of all under fives in each need group who do not use provision but whose mothers wanted them to do so.

It seems from Table 10.2(a) that day provision was used by about the same proportion of the children classified as in need as by other children, although it was wanted for rather more of the former groups.

The proportion of children in need increased somewhat with age (partly because of the measures used) and amongst those aged two and over use by those in need was less than by those who were not. In addition, it seems that the higher the need score the less likely the child was to be a user. The example of three and four year olds is shown in Table 10.2(b). Those under two, however, who were in need were as likely as those who were not to use day care. The surprising direction of the differences proved to be partly explicable in terms of the

Table 10.2 Use of and desire for day provision by children under five years, according to need status

	All children	In Need group A	Not in Need group A	In Need group B	Not in Need group B	Need score			
						0	1	2	3+
(a) All children									
Use and desire for day provision	%	%	%	%	%	%	%	%	%
Used	32	28	32	30	32	32	29	33	33
Not used but desired	33	41	32	40	29	29	38	45	56
Total desiring day provision	65	69	64	71	61	61	67	78	90
Day provision not desired	34	28	34	27	37	37	31	20	8
Not known	2	3	2	2	2	2	2	1	3
Base: Children under 5 years (= 100%)	2501	369	2132	901	1600	1600	645	217	39
(b) Children aged 3 or 4 years									
Use and desire for day provision									
Used	60	49	62	53	64	64	56	48	48
Not used but desired	29	42	27	37	24	24	33	43	48
Total desiring day provision	89	91	89	90	88	88	89	91	96
Day provision not desired	10	8	11	9	11	11	10	9	4
Not known	—	1	—	1	—	—	1	0	0
Base: Children aged 3 or 4 (= 100%)	1062	166	896	428	634	634	287	116	25

types of facilities used. On the whole, those within the need groups were slightly more likely than other children to be using educational provision and the comparatively rare day nurseries. Playgroup use, on the other hand, was much more prevalent amongst the children not in need (Tables 10.3(a) and (b)).

Full-time provision (ie for five days a week or for all day) was particularly favoured by the mothers of the children 'in need', but even so, for the majority of such children full-time day provision was not chosen. The only exception here is the small group with three or more needs (Table 10.4 and 10.5).

Table 10.3 Type of facility used, according to need status

	All children	In Need group A	Not in Need group A	In Need group B	Not in Need group B	Need score			
						0	1	2	3+
(a) All children under five years									
Type of facility used:	%	%	%	%	%	%	%	%	%
Playgroup	18	8	20	15	20	20	16	13	15
Nursery/primary school	9	11	9	10	9	9	10	11	15
Day nursery	2	5	2	3	1	1	2	6	0
Childminder	3	3	2	2	3	3	2	4	3
Crèche	1	—	1	—	1	1	—	0	0
None	68	72	68	70	68	68	71	67	67
Base: Children under 5 years (= 100%)	2501	369	2132	901	1600	1600	645	217	39
(b) Children aged 3—4									
Type of facility used:									
Playgroup	34	14	38	27	40	40	30	20	20
Nursery/primary school	21	25	20	22	21	21	22	19	24
Day nursery	3	6	2	4	2	2	4	6	0
Childminder	3	5	2	3	3	3	2	4	4
Crèche	1	0	1	—	1	1	—	0	0
None	40	51	38	47	36	36	44	52	52
Base: Children aged 3 or 4 (= 100%)	1062	166	896	428	634	634	287	116	25

Table 10.4 Preferred frequency of day provision attendance, according to children's need status

	All children	In Need group A	Not in Need group A	In Need group B	Not in Need group B	Need score			
						0	1	2	3+
Preferred number of days attendance:	%	%	%	%	%	%	%	%	%
0	36	34	37	31	39	39	34	27	18
1	3	2	3	2	4	4	2	1	0
2	18	12	20	17	19	19	18	16	8
3	16	14	16	17	15	15	15	21	15
4	2	3	2	2	3	3	2	2	3
5 or more	23	33	20	29	19	19	26	33	56
Not known	2	2	2	2	2	2	2	—	0
Base: Children under 5 years (= 100%)	2501	369	2132	901	1600	1600	645	217	39

Table 10.5 Preferred duration of day provision attendance, according to children's need status

	All children	In Need group A	Not in Need group A	In Need group B	Not in Need group B	Need score			
						0	1	2	3+
Preferred times of day for attendance:	%	%	%	%	%	%	%	%	%
Mornings	35	29	37	35	36	36	37	33	13
Afternoons	8	6	8	8	8	8	9	7	5
All day	18	28	16	23	15	15	18	33	62
None of day	38	37	38	33	41	41	36	28	18
Not known	—	—	—	—	—	—	—	0	3
Base: Children under 5 years (= 100%)	2501	369	2132	901	1600	1600	645	217	39

The proportions of all children under five who were 'in need' and who were not using day provision but whose mothers would like them to do so are shown in Table 10.6. The figures in the top row might be seen as defining, according to different criteria, the extent of unmet need. They range from around five per cent of the under fives, if only those with two or more needs are included, up to 14 per cent if all those in group B are involved. If to this last group are added the children of mothers who worked, although they did not 'have to', and for whom day care was desired but not used, the figure would, of course, be higher—that is, 19 per cent.

10.4 Locating children in need

Whichever need group is considered the children included are most concentrated in social classes IV and V, amongst those belonging to mothers who were under 20 when they had their first child, in families with more than three children and where there were more than two children under five (Tables 10.7–10.10). These may be termed high risk characteristics.

The purpose of searching for relationships of this kind was to compose administratively visible groups of children (ie who had characteristics which are or could easily be known to administrators and professional workers concerned with children's welfare) who have a high risk of being in need and who therefore merit intensive screening, for example frequent visits by Health Visitors.² A concentration of resources of this kind is only useful if the high risk group concerned, forms a relatively small proportion of the total population of under fives, but includes a substantial majority of those in need. If, on the contrary, the high risk group is a high proportion of the population the resources needed for intensive screening may be greater than what is available, whilst if the group includes only a minority of those in need, any concentration of resources will be wasteful and unjust.

An attempt was made to define the optimum high risk group in these terms, using the social and demographic characteristics described above (see Annex 2 for method of analysis used). It turned out that none of the characteristics alone or in combination with others were ideal for identifying children with the greatest need—here taken to be those with need scores of two or more. For example, a quarter of the children had mothers who had their first child before the age of 20 but this group could

be expected to include only about 40 per cent of the children with need scores of two or more. If children of the same mothers and/or who are in social classes IV or V are specially screened, then just over half the children with scores of two or more are likely to be found, but this would entail intensive screening of 35 per cent of all children under five and still leave almost half the children of interest unidentified by the procedure.

The most fruitful of the simply described high risk groups; the group of children with more than one high risk characteristic; made up 12 per cent of all the children under five and could be expected to yield about 30 per cent of children with the greatest need. More complex, and therefore administratively unwieldy, combinations of high risk characteristics produce results in line with the last. For example over 60 per cent of all children would have to be screened to find 80 per cent of those with scores of two or more.

It seems then, that no special screening procedures confined to children with any combination of the high risk characteristics examined, will identify a substantial majority of children in the greatest need within a small minority of the population. Other enquiries concerned with other kinds of need, different high risk factors and different populations, have produced quantitatively similar findings and the same general conclusion.³ It is therefore likely that no routinely accessible social, demographic or other information on individual children is ideal for the efficient detection of those in the greatest need. It may be that the efficiency of case-finding could be improved by adding to the high risk factors the more visible of the actual criteria of need, for example, children having lone parents. But unlike the high risk factors considered they are not necessarily in being at or immediately after the child's birth when the Health Visitor makes her first visit.

² Health Visitors have a statutory obligation to visit the homes of newly confined women, and the responsibility to continue visiting as appropriate all pre-school children.

³ R. Davie, N. Butler, H. Goldstein—*From Birth to Seven*—Longman London 1972—pp 180–188.

R. K. Thomas—*Starting Work and After*—Social Survey Division of the Office of Population Censuses and Surveys (awaiting publication).

Other examples (of high risk areas and schools rather than groups) are quoted by Townsend in 'Area Deprivation Policies'—*New Statesman* 6.8 1976.

Table 10.6 Unmet Need—percentages of all under 5's who were in need according to whether day provision was used or wanted

	In Need group A		Not in Need group A		In Need group B		Not in Need group B		Need score			
	%	%	%	%	%	%	%	%	0	1	2	3+
In need												
Daycare not used but wanted—"unmet need"	6	—	14	—	—	—	10	4	1			
Day care not used and not wanted	4	—	10	—	—	—	8	2	—			
Day care used	4	—	11	—	—	—	8	3	1			
Not in need	—	85	—	64	64	—	—	—				
Base: Children under 5 years (= 100%)		2501		2501							2501	

Table 10.7 Children's need status, according to social class

	All classes	Social class							
		I	II	III N and IV N	All non-manual	IIIM	IVM and V	All manual	Un-classified
Need status:	%	%	%	%	%	%	%	%	%
Need group A:									
In need	15	6	5	6	5	10	20	12	72
Not in need	85	94	95	94	95	90	80	88	28
Need group B:									
In need	36	21	23	24	23	34	48	37	80
Not in need	64	79	77	76	77	66	52	63	20
Need score: 0	64	79	77	76	77	66	52	63	20
1	26	17	18	18	18	26	33	28	41
2	9	4	5	5	5	7	12	8	29
3+	2	0	0	1	—	1	2	1	9
<i>Base: Children under 5 years (= 100%)</i>									
	2501	146	415	252	813	1121	373	1494	194

Table 10.8 Children's need status, according to their mother's age at the birth of her first born child

	All ages	Mother's age at birth of first born child			
		Under 20	20—24	25—29	30 and over
Need status:	%	%	%	%	%
Need group A:					
In need	15	24	15	7	10
Not in need	85	76	85	93	90
Need group B:					
In need	36	53	34	26	23
Not in need	64	47	66	74	77
Need score: 0	64	47	66	74	77
1	26	36	25	20	18
2	9	15	8	5	4
3+	2	3	1	1	1
<i>Base: Children under 5 years (= 100%)</i>					
	2501	589	1137	589	147

Note: For 39 mothers, her age at birth of her first born child was unknown.

Table 10.9 Children's need status, according to the number of children in their families, living at home

	All family sizes	Number of children in the family				
		1	2	3	4	5+
Need status:	%	%	%	%	%	%
Need group A:						
In need	15	16	9	11	30	51
Not in need	85	84	91	89	70	49
Need group B:						
In need	36	33	34	34	49	62
Not in need	64	67	66	66	51	38
Need score: 0	64	67	66	66	51	38
1	26	23	26	24	34	37
2	9	8	7	8	12	20
3+	2	2	1	2	3	6
<i>Base: Children under 5 years (= 100%)</i>						
	2501	626	1094	489	148	144

A corollary of the rare and comparatively scattered occurrence of the greatest need is that only a small minority of children with any particular high risk characteristic (for example those in Class IV or V) were affected. It is only amongst the 12 per cent of children with more than one high risk characteristic that as many as one in four on average can be expected to have need scores of two or more. Although the proportion is disturbingly high, it shows that it would be wrong to suppose that a child is more likely than not to be in the greatest need on the grounds that he has more than one high risk characteristic.

Table 10.10 Children's need status, according to the number of children under 5 years in their family, living at home

	All numbers	Number of children under 5 years in family		
		1	2	3 or 4
Need status:	%	%	%	%
Need Group A:				
In need	15	16	12	26
Not in need	85	84	88	74
Need group B:				
In need	36	34	36	48
Not in need	64	66	64	52
Need score: 0	64	66	64	52
1	26	24	27	30
2	9	9	8	14
3+	2	2	1	4
<i>Base: Children under 5 years (= 100%)</i>				
	2501	1372	970	159

10.5 Further considerations

It was shown earlier that the children classified as 'in need', and particularly those with more than one need, were likely to be in situations which were a current general hazard to their health and welfare.

As a further check, samples of some 20 interview schedules for children with each need score were examined. These cases not only showed the way in which misfortunes tended to cluster round children in need, (see page 54), but were also given a sombre vitality by the mothers' elaborated answers to the interview questions. The situations of the children with need scores of three or four appeared to be particularly distressing, and the same was true of many of those with scores of two, whilst few if any, of the children with one need only or of their families seemed to be in current difficulties. This suggests that if the term 'in need' is to be confined to children in unusually stressful circumstances, the proportion of under fives involved lies somewhere between the ten per cent with two or more needs and the two per cent with three or four.

The particular threshold used is necessarily arbitrary, because although there is a clear difference between (to take one example) the very difficult and strongly resented four year old child of a 'depressed' mother, and

a normal happy child in a normally contented family, there is no natural boundary between being 'in need' and not being 'in need'. Between the extremes there is an infinite variety and gradation of conditions which make a small child's life more or less happy or desolate. The children defined here as having two or more needs undoubtedly lie towards the dark extreme of this spectrum, but other cut-off points and different criteria would yield different proportions of children 'in need'.

According to the criteria used here, the survey results indicate the prevalence of some different types and degrees of need at a particular time in the children's lives. What cannot be shown is the stability of a child's need status throughout the pre-school years. It is obvious that there must be some change: some lone parents for example, will marry, or re-marry, and a very small number of parents will die. The important question from the point of view of service provision is whether the proportion of a birth cohort of children who are in need at any time before they reach the age of five is much greater than the proportion who are in need at a specific time. If it is not, and a child's need status generally remains the same from about the time of his birth onwards, then it may be useful to concentrate any special resources required on those children in need. If, on the other hand, there is considerable fluidity and many more children experience 'need' during the pre-school years, than do so at a particular time, then it may be more useful to spread preventive services over the larger group at risk. It may be for example, that the children shown by this survey to have one need have an unusually high risk of acquiring two or more, and that some form of intervention could reduce this risk. However, the earlier examination of the relationship between socio-demographic high risk factors and the occurrence of the greatest need suggests the probable inefficiency of such an approach.

The form of intervention relevant to this enquiry is day care of one kind or another. But although the criteria of need used here were compiled from DHSS guidelines on the components of need for day care, the survey does not show and was not designed to find out whether any form of day care or day provision would in fact have reduced the problems which beset the children in need. It may be that other or additional kinds of assistance from the health and social services will be more effective in some cases. All that can be said on the question of day care is that the children in need were less likely than others to be using day provision and that unmet desire for day provision was greatest for these children.

Finally, the several estimates of need given are based on recent public policy on day care which concentrates on children in unusually stressful circumstances. Amongst other possible definitions of need in this context is one which equates it with a mother's wish for her child to use day care or provision. On this basis it was shown in Chapter 3 that facilities were wanted for twice as many children as currently used them, although full-time care was desired for only a minority of children.

Annex I Children in need and unsatisfactory circumstances other than those used to define need

The circumstances examined and the related tables used in arriving at the conclusion that "children in need were more liable than those who were not to every kind of misfortune" are shown below.

It should be recalled that not all the associations and relationships shown will be statistically significant. It is the consistency of the evidence which is convincing.

The unsatisfactory circumstances examined were:

- (a) Poor relationships between parents and child (defined at (a) below)
- (b) At least one of eligible children in family had been in the care of an institution, foster parents, or other stranger
- (c) Stressful events occurring to the family
- (d) Child's ill health
- (e) Maternal ill health.

The last circumstance was included in Chapter 7 as a category of need, but it could not, because of the varying durations of illnesses be included in Groups A or B. It is used here to show its association with other 'needs' and so to provide some idea of the extent to which maternal illness would be covered by providing for the children in need.

(a) Poor relationships with parents

(i) Mother

An unsatisfactory relationship between mother and child was assumed if the mother said that: everything the child did irritated her, and/or there was nothing she enjoyed doing with the child, and/or she did not enjoy cuddling the child.

Also considered under this head was:

how often the mother felt that she might lose control of herself and injure the child in anger

According to these criteria the children in Need group B in particular, were at a disadvantage compared with other children. In both cases the prevalence of difficulties increased with the need score (Tables A-C).

(ii) Father

An unsatisfactory relationship between father and child was assumed where there were two parents and the mother said that:

father and child never had a cuddle or romp together, and/or everything the child did got on his father's nerves, and/or the father got angry with the child every day, and/or father and child did not get on well together.

Table A Mother's affection/interest in child according to child's need group

	All children	Children in need		Need score			
		Group A	Group B	0	1	2	3 +
Mother's interest/affection:	%	%	%	%	%	%	%
Not poor:	95	96	94	96	94	92	90
Poor	4	4	6	4	6	8	10
Base: Children under 5 years (= 100%)	2501	369	901	1600	645	217	39

Table B How often mother fears she might lose control and hurt child, according to child's need group

	All children	Children in need		Need score			
		Group A	Group B	0	1	2	3 +
Mother fears loss of control:	%	%	%	%	%	%	%
Never	70	70	61	75	66	54	36
Once a month or less	22	18	26	19	25	28	23
More than once a month	7	9	12	4	7	17	41
NA	2	3	2	2	2	1	0
Base: Children aged 1-4 years (= 100%)	2071	314	797	1274	563	195	39

The children in Need group B (but not A⁴) were slightly more likely than other children to have such an unsatisfactory relationship, and again the proportion of children involved increased with the need score (Table C).

- (b) *At least one of eligible children in family has been in the care of an institution, foster parents, or other stranger for a night or more*

This experience was commonest for families of children in Need group A and its likelihood increased with the Need score (Table D).

- (c) *Occurrence of stressful events in child's family*

Mothers were asked whether each of a list of problems, like money or housing difficulties, had occurred to the

⁴ Partly because a high proportion of this group had no father.

family during the preceding five months (Question 62). Every problem, except possibly road accidents, was commoner in the families of both need groups than amongst those of other children, and in almost every case the reported incidence increased with the need score (Table E).

The very few spontaneously mentioned dramatic problems, like wife-beating, also increased with the need score.

- (d) *Child's ill health*

It was reported in Chapter 8 that no relationships could be found between children's reported ill health and their socio-economic circumstances. Reported ill health was however, related to the child's need status, and this is shown most clearly by the figures for specified symptoms (Table F).

Table C Father's relationship with child, according to child's Need group

	All children	Children in need		Need score			
		Group A	Group B	0	1	2	3 +
Father's relationship with child:	%	%	%	%	%	%	%
Not poor	93	95	91	95	92	88	87
Poor	7	5	9	5	8	12	13
Base: Children under 5 years (= 100%)	2501	369	901	1600	645	217	39

Table D Whether any child now aged under 5 years in eligible child's family has ever been in the care of an institution, foster parents, etc, according to need group

	All children	Children in need		Need score			
		Group A	Group B	0	1	2	3 +
Whether a child has been in care of stranger:	%	%	%	%	%	%	%
Yes	2	6	4	1	3	6	8
No	97	94	95	98	96	94	90
Not known	1	1	1	1	1	—	3
Base: Children under 5 years (= 100%)	2501	369	901	1600	645	217	39

Table E Specified stressful events which have occurred to family during preceding 5 months, according to child's need group

	All children	Children in need		Need score			
		Group A	Group B	0	1	2	3 +
Type of event:	%	%	%	%	%	%	%
Housing problem	8	17	12	5	12	14	18
Financial difficulties	14	26	24	9	20	31	49
Father's employment problem	9	14	12	8	11	19	15
Legal difficulties	3	11	8	1	5	16	8
Violent quarrels with neighbours	2	3	3	1	3	4	3
Child has witnessed (any) violent quarrel	2	5	5	1	3	9	15
Fire or burglary	2	5	3	2	2	6	8
Road accident	1	1	2	1	1	3	3
Problem with older siblings' schooling	5	7	6	4	5	7	13
Base: Children under 5 years (= 100%)	2501	369	901	1600	645	217	39

A further measure of the child's physical well-being is his record of accidents and these were associated with need. More accidents during the preceding five months were reported for children in Need group B (but not A) than for other children, and the incidence increased with their need score. Children in both need groups were according to the mothers, more likely than others to have been seen by a doctor because of an accident (Tables G and H).

It can be seen that most of the reported accidents were 'cuts, falls, bumps and bruises'.

(e) *Maternal inefficiency due to ill health*

As in the case of children's illnesses, no relationship between social class and maternal incapacitating illnesses was found (Chapter 7), but mothers of the children in need were rather more likely than others to report almost every condition, and most increased with the need score. In the case of mental disorders, this is because of the nature of one component of need ('depression' or 'anxiety') in Group B and the need score, but this does not apply to other conditions. (Table I).

Table F Children's symptoms according to child's need group

Symptom:	All children	Children in need		Need score			
		Group A	Group B	0	1	2	3 +
	%	%	%	%	%	%	%
Cold/sore throat	40	42	45	37	45	45	49
Ear trouble	5	4	6	5	4	9	8
Vomiting/diarrhoea	15	16	17	14	16	21	26
Skin trouble	8	8	8	8	7	10	10
Asthma/wheezing	3	7	5	2	3	9	13
Fits/convulsions	—	—	—	—	—	—	0
None	45	46	41	47	42	39	33
Base: Children under 5 years (= 100%)	2501	369	901	1600	645	217	39

Table G Type of accidents which have occurred to child during preceding 5 months, according to child's need group

Type of accident:	All children	Children in need		Need score			
		Group A	Group B	0	1	2	3 +
	%	%	%	%	%	%	%
Cuts, falls, bumps and bruises	70	67	74	67	74	71	87
Fracture	1	1	1	1	1	1	0
Burn, scald	4	5	5	3	4	6	8
Swallowing something	2	2	3	2	3	4	5
Something in nose/ear	2	3	3	2	3	5	5
Something in eye	3	1	3	2	4	3	5
Road accident	1	—	—	1	—	1	5
Other	1	1	1	1	—	3	0
None	29	30	24	31	24	25	8
Base: Children under 5 years (= 100%)	2501	369	901	1600	645	217	39

Table H Number of accidents which occurred to child during preceding 5 months and for which a doctor was seen, according to child's need group

Number of accidents for which doctor seen:	All children	Children in need		Need score			
		Group A	Group B	0	1	2	3 +
	%	%	%	%	%	%	%
0	90	85	86	91	88	84	72
1	10	14	13	8	11	14	28
2 or more	1	—	1	1	1	2	0
Base: Children under 5 years (= 100%)	2501	369	901	1600	645	217	39

Table 1 Maternal inefficiency due to illness, according to child's need group

	All children	Children in need		Need score			
		Group A	Group B	0	1	2	3 +
Maternal illness:	%	%	%	%	%	%	%
Common infections	1	1	1	1	1	1	3
Colds/sore throat	3	4	4	2	3	6	3
Stomach trouble	3	2	3	3	3	3	5
Headaches	3	3	5	2	4	10	3
Backache, stiff neck, etc	1	—	1	—	2	—	3
Nerves	3	6	7	1	6	6	23
Pregnancy, childbirth problems	3	1	4	3	4	5	0
Disorders of menstruation	2	2	2	2	2	2	5
Other conditions	8	11	12	5	9	19	18
None	76	74	66	81	71	55	49
Base: Children under 5 years (= 100%)	2501	369	901	1600	645	217	39

Annex 2 Derivation of groups of children with a high risk of having two or more needs

A maximum likelihood procedure (Dyke & Patterson, 1952)⁵ was used to find the set of high risk characteristics and of the combinations of them which could be expected to yield the highest proportions of children with two or more needs within given proportions of the population.

The variables included in the analysis were:

1. Social class
 - IV M or V
 - IIIM
 - Non-manual
2. Mothers age at birth of first child
 - <20 years
 - 20-24
 - 25 and over
3. Number of children of any age in family
 - 1-3
 - 4 or more
4. Number of children under 5 years in family
 - 1-2
 - 3-4

A main effects model (which assumes the contributions of the independent variables to be additive ie, independent of one another) but including an interaction between mother's age at birth of first born and social class produced the most satisfactory fit between the model and the data.

A second analysis in which mother's age at interview was included amongst the independent variables, produced a less satisfactory fit than the use of the four variables finally included.

The analysis was carried out by using the generalised Linear Interactive Modelling Programme (GLIM)⁶. It was made possible by the work and guidance of Richard Colombo of the Survey Branch of Computer Division, OPCS.

⁵ G V Dyke & H D Patterson (1952) Analysis of factorial arrangements when the data are proportions, *Biometrics*, 8, 1-12.

⁶ Developed by the working party on Statistical Computing of the Royal Statistical Society. See *Applied Statistics*, 24 (2) 1975 pp.259-261.

Appendix I

The sample design

V Mason

Sample required

For this survey of the need for day care facilities a nationally representative sample of children under five years old, in private households in England and Wales, was required. The mother or mother substitute, of each child was to be the informant. An achieved sample size of 2500 children was needed, to give very approximately 500 children in each year age-group. The fieldwork was to take place during June and July 1974.

Sampling frame of addresses of 'under fives'

A number of different frames of 'under fives' were investigated. These included birth registration records, doctors' records of patients and health visitors' records of families. None of these was certain to provide a sufficiently comprehensive list of current addresses of 'under fives' in each selected area. As a reliable estimate of the latent need for day care facilities was required from the survey, it was felt important that the sampling frame should not exclude, for whatever reason, particular sectors of the population of 'under fives'. It was thus decided to take a sample of addresses from the Electoral Register. Households containing 'under fives' could subsequently be identified by one of two methods:—

- (i) by a postal sift; that is, by writing to each selected address and asking the occupant for information which would permit identification of households eligible for interview.
- (ii) by an interviewer sift; that is, by asking interviewers to call at each selected address in order to establish eligibility for interview.

Although the postal method was estimated to involve slightly lower operational costs, it was rejected for the following reasons:—

- (i) the sample of addresses would have to be drawn from an earlier and thus less up-to-date electoral register in order to allow sufficient time for the postal sift to be completed before the interviewing period.

- (ii) inclusion of the correct proportions of newborn children would be made difficult because of the delay between postal contact and interview.
- (iii) postal contact would allow less control over the amount and accuracy of information gained about each household included in the sample.

Sub-sampling at sample addresses

At each selected address it was decided that no sub-sampling of households or of eligible children identified should be carried out, but that an interview should be requested relating to each child 'under five' and its family. (See page 4 for survey definition of 'family').

This procedure was adopted for two main reasons:

- (i) Data relating to the sample of children would be directly additive whereas, if only one child were selected in each household, reweighting of data would be necessary in order to adjust for different probabilities of selection at that stage.
- (ii) Patterns of need within families could be studied, it being possible to relate data for each 'under five' in a family to that collected about the mother and family.

In the analysis, statements could therefore be made about the children under five, mothers of 'under fives' and the families of 'under fives'.

The main disadvantages of including all eligible children at an address were that the procedure increased the potential interviewing time at an address and led to clustering of the sample of children.

Sample size

Taking into account the relatively marked decline in the birth rate over the years prior to the survey a projection was made of the number of 'under fives' in June 1974 in England and Wales. This was based on the mid-73 population estimates. It was necessary to estimate the average number of 'under fives' per household in order

to calculate the size of address sample needed to yield the required number of eligible children. (See Annex I for details of the calculation of sample size.)

With an overall response rate estimated to be 85 per cent, the sample size was set at approximately 14,000 addresses. The precise set sample was 14,059 electoral register addresses.

Sample design

A three-stage, stratified random sample design was used, selection being made in stages in order to limit fieldwork expenses. Units at the three stages of selection were as follows:

First stage : Local authority districts of England and Wales (excluding the Isles of Scilly)

Second stage: Local authority wards (or wards grouped to ensure a minimum 1972 electorate of at least 2400)

Third stage : Electoral register addresses from the register compiled in October 1973 which came into force in February 1974.

The sample of approximately 14,000 addresses was clustered in three wards/groups of wards in each of 120 selected districts.

Stratification

The frame was stratified by four factors:

- (i) standard region
- (ii) within region, districts were stratified into the following types:—
 1. metropolitan district
 2. non-metropolitan district with 1.5 or more persons per acre (based on 1973 population estimates)
 3. non-metropolitan district with less than 1.5 persons per acre (based on 1973 population estimates)
- (iii) within region and district type, districts were ranked in descending order of average domestic rateable value per head of population (based on 1973 estimates)
- (iv) within selected districts, wards (or groups of wards) were listed according to their pre-April 1974 type of local authority, that is, any wards in New towns were listed first followed by any from county boroughs, municipal boroughs, urban districts and lastly rural districts.

Unfortunately data were not available to allow stratification of areas by the proportion of the population aged under five.

Selection of sampling units

(i) First-stage units

Table I shows the allocation of first-stage sampling units, districts, to the major strata, based on the

factors of region and district-type. The proportion of the 120 districts to be selected from each stratum cell was calculated according to the proportion of the mid 1973 population in that cell. This proportion was then rounded and the resulting number of districts was systematically selected with probability proportional to the estimated 1973 population.

In order to compensate for this rounding, the number of addresses to be selected from wards within stratum cells was varied proportionately.

(ii) Second-stage units

Three second-stage units, wards or groups of wards, were selected systematically, with probability proportional to the size of the electorate in October 1972, for each district.

(iii) Third-stage units

From each selected ward, a systematic random sample was drawn from the Electoral registers compiled in October 1973, in order to yield the required number of addresses. (If the October 1973 electorate in selected wards was found to differ by two per cent or more from the October 1972 electorate, the number of addresses selected from the ward was adjusted proportionately, in order to correct the probabilities of selection).

'Doorstep' sampling procedure

At a selected address, the interviewer was to contact each household and explain the purpose of her call. Points to be included in the interviewer's introduction to the survey 'on the doorstep' were:—

- (i) We are carrying out a survey for the Department of Health about some of the services for which they are responsible.
- (ii) These services relate to particular sections of the population, and so we would first like to find out who lives at the address to see whether anyone here might be in these groups.

When the interviewers had been given the required information, they could explain they were looking for families with young children. The information asked for included the relationship of all members of the household to the head of household, their sex and age. In cases where the interviewer could not contact a household, information could be obtained from informants outside the household (for example from a relation present but not resident at that address, from a member of another household at that address, from a neighbour who volunteered the information). The source of any such information was recorded. Interviewers were asked to indicate when any information was estimated by an informant.

These household composition data were to be collected for all households in the sample for two main reasons:

Table 1 Distribution of sampling units by the two main stratification factors—standard region and district type

Standard region (Post-April 1974 local government reorganisation)	Type of district																		
	Metropolitan					Non-metropolitan high density ≥ 1.5 people per acre					Non-metropolitan low density < 1.5 people per acre					All districts			
	N	% Pop	n _p	n _a	A	N	% Pop	n _p	n _a	A	N	% Pop	n _p	n _a	A	N	% Pop	n _p	n _a
North	5	2.44	2.92	3	38	12	2.44	2.93	3	38	12	1.49	1.79	2	35	29	6.37	7.64	8
Yorkshire and Humberside	9	6.91	8.29	8	40	5	1.26	1.51	2	29	12	1.77	2.13	2	41	26	9.94	11.93	12
North Western	15	8.85	10.62	11	38	13	2.72	3.26	3	42	9	1.88	2.25	2	44	37	13.45	16.13	16
East Midlands	0	0	0	0	0	17	4.26	5.11	5	40	23	3.26	3.91	4	38	40	7.52	9.02	9
West Midlands	7	5.66	6.80	7	38	10	2.01	2.42	2	47	19	2.82	3.39	3	44	36	10.49	12.61	12
East Anglia	0	0	0	0	0	4	0.86	1.03	1	40	16	2.68	3.21	3	42	20	3.54	4.24	4
GLC	33	14.81	17.77	18	38	0	0	0	0	0	0	0	0	0	0	33	14.81	17.77	18
South East excluding GLC	0	0	0	0	0	59	12.30	14.76	15	38	39	7.51	9.01	9	39	98	19.81	23.77	24
South West	0	0	0	0	0	13	3.57	4.28	4	42	33	4.92	5.90	6	38	48	8.49	10.18	10
Wales	0	0	0	0	0	15	3.18	3.82	4	37	22	2.41	2.89	3	37	37	5.59	6.71	7
England and Wales	69	38.67	46.40	47	—	148	32.60	39.12	39	—	185	28.74	34.48	34	—	402	100.01	120	120

For each cell:—

N = Total number of first-stage units (Districts).

n_p = Proportional allocation of sample of 120 first-stage units (Districts).

n_a = Actual number of first-stage units selected.

A = Number of addresses to be selected from each ward in cell.

NB Variation later occurred in actual number of addresses selected to account for changes ≥ ± 2% in electorate of ward between Oct. '72 and Oct. '73 Registers.

Pop = The Registrar General's estimates of the Home population at 30 June 1973.

(Note: Percentages do not add to 100.00 due to rounding).

Table IIA Number of private households identified in sample of addresses

	Number of addresses	% of addresses	% addresses containing private households
Addresses in sample set	14,059	100	
Ineligible addresses	433	3.1	
(a) Empty/no resident household/business only	380	2.7	
(b) Demolished	36	0.3	
(c) Non-private household/institution only	17	0.1	
Addresses containing private households	13,626	96.9	100
Addresses where no household information obtained	57	0.4	0.4
(a) Non-contact	25	0.2	0.2
(b) Refusal	32	0.2	0.2
Addresses where full or partial household information obtained containing:	13,569	96.5	99.6
(a) one household	13,221	94.0	97.0
(b) two households	239	1.7	1.8
(c) three or more households	109	0.8	0.8

At a small number of addresses where partial household information was obtained, often from informants outside the address, it has been assumed that occupants formed only one household, if there was no evidence to prove otherwise.

Table IIB Households' eligibility for interview as established or estimated at the doorstep sampling stage

	Household number	Household %
Households where full or partial household information obtained	14,133	100
1. Households—full household information obtained	13,322	94.3
All ages given, or estimated, by informant in household		
(i) Eligible	1,960	13.9
(ii) Ineligible	11,362	80.4
2. Households—partial household information obtained ¹ :	811	5.7
(a) Non-contact:—Some or all ages given, or estimated, by informant outside the household	538	3.8
(i) Estimated/established eligible	9	0.1
(ii) Estimated/established ineligible	527	3.7
(iii) Not known if eligible	2	—
(b) Refusal: Some or all ages not given by informant in household—some ages estimated by interviewer	273	1.9
(i) Estimated/established eligible	31	0.2
(ii) Estimated/established ineligible	227	1.6
(iii) Not known if eligible	15	0.1

¹ At a small number of addresses where partial household information was obtained, often from informants outside the address, it has been assumed that occupants formed only one household, if there was no evidence to prove otherwise.

Table IIIA Outcome of interview stage for households established or estimated eligible for interview at doorstep sampling stage

Outcome at interview stage	Doorstep sampling stage outcome			
	Eligible households— given/estimated by informant in household	Estimated/established eligible households		Total Households estimated or established eligible
		Some or all ages refused by informant in household	Some or all ages given by informant outside household	
Complete interview	1893	4	1	1898
Incomplete interview	5	—	—	5
Refusal	62	27	3	92
Non-contact	—	—	5	5
Total	Number %	31 1.55	9 0.45	2000 100

Table IIIB Outcome at interview stage for households, families and children established or estimated eligible for interview at the doorstep sampling stage

Outcome at interview stage	Eligible households		Eligible families		Eligible children	
	Number	%	Number	%	Number	%
Complete interview	1898 ¹	94.90	1909	94.88	2501	94.84
Incomplete interview	5	0.25	6	0.30	9	0.34
Refusal	92	4.60	92	4.57	121	4.59
Non-contact	5	0.25	5	0.25	6	0.23
Total	2000	100.00	2012	100.00	2637	100.00

¹ Including one household containing two eligible families, although the interview for one family was incomplete and one household where the interview did not cover the fourth 'under five'.

(a) to facilitate checks on the representativeness of the age and sex distribution of the total sample and on the proportion of the sample aged under five.

(b) to avoid any bias arising at this stage through the informant putting members of the household outside the specific age-group of interest.

(NB—The precise age of those aged 60 years and over was not asked for).

Age on the date of the interviewer's first contact with a household was used to establish eligibility for interview. Interviews, relating to all eligible children in a household, were to be carried out on or as soon as possible after this date so that the age distribution of the sample would not alter greatly between sampling and interviewing.

Sample achieved

The number of households identified from the address sample and their eligibility for interview, as established or estimated at the 'doorstep' sampling stage, are shown in Tables II A and B respectively. The outcome at the interview stage for those households established, or estimated, to be eligible for interview (ie containing 'under fives') is shown in Tables III A and B.

The sample of addresses yielded approximately the expected number of households. Fewer 'under fives' were identified than expected, but as a result of higher response rates than originally allowed for amongst those 'under fives' identified, interviews were achieved relating to the required number of children, that is, approximately 2500.

When the sample size was calculated (see Annex I) it was estimated that, in mid 1974, nearly seven and half per cent of the population in private households would be 'under fives'. Thus we would have expected about 2900 'under fives' among the 38,794 persons enumerated in the sample households for whom ages were obtained; 2637 'under fives' were actually identified, forming nearly seven per cent of the population enumerated in the sample households.

Table IV shows the sampling errors and the 95 per cent and 99 per cent confidence limits around this sample estimate of the proportion of under fives in the population. The figures in column (i) assume a simple random sample and those in column (ii) assume a two-stage sample design, which goes some way towards taking account of the survey's multi-stage design. (See Annex

II) (NB Three stage design sampling error was not calculated as a suitable computer program was not available).

It can be seen that, with sampling error calculated assuming a two-stage design, there is a significant difference at the one per cent level between the sample estimate of 6.80 per cent and the population statistic of 7.42 per cent. However, the population statistic is itself an estimate derived from population estimates and 1971 Census data and is therefore subject to error. It is also apparent from the survey results that the two-stage design sampling error is probably an under-estimate of the sampling error because it does not reflect the effect of clustering of 'under fives' at ward level.

It seems likely therefore, that at least some of the apparent shortfall might be due to random sampling error. It is probable however, that some is also attributable to under-identification of 'under fives' at the doorstep sampling stage. Interviewers indicated that they suspected 'under fives' to be present but not reported in certain cases of non-contact and refusal. It may be that other 'under fives' were in households estimated ineligible by interviewers.

Age distribution of achieved sample

The difference between the sample and home population age distributions of 'under fives' shown in Table V is not significant at the five per cent level (X^2 test). Neither is the difference between the percentage of each year group significant at the five per cent level (Z test). It is interesting to note however, that the number of two year olds identified is greater than would be expected in a sample of 2634 'under fives' but that it is roughly the correct proportion of the expected sample size, 2900 'under fives'.

The shortfall in 'under fives' is therefore amongst the under ones and one year olds particularly and also amongst the three and four year olds. This could be coincidental or it could indicate a greater likelihood of non-identification of eligible children at addresses when the children are at the extremes of the age range required. The reasons for this are not readily apparent. Informants putting their household members outside the eligible age range to avoid further interview seems unlikely to explain all the shortfall, particularly as interviewers were instructed to ask for ages of all household members before explaining that under fives were the subject of the survey. The sample does not

Table IV Sampling error of the estimate of the proportion of the population aged 'under five'

	Assuming simple random sample	Assuming a two stage sample design
p' = percentage of 'under fives' in sample population	6.80%	6.80%
Sampling error	$\pm 0.13\%$	$\pm 0.19\%$
95 per cent confidence limits around p'	6.54–7.06%	6.42–7.18%
99 per cent confidence limits around p'	6.46–7.14%	6.31–7.29%

Table V Age distributions of under fives in the sample and in the home population in mid 1974

Age in years	Sample population (S) in private households for whom age known		Home population (P) RG's estimate for Mid 1974	S% - P%
	Number	%	%	
Under 1	453	17.20	17.89	-0.69
1	490	18.60	19.19	-0.59
2	577	21.91	20.45	+1.46
3	562	21.34	21.54	-0.20
4	552	20.96	20.94	+0.02
Under 5	2634	100.01	100.01	0.00

(Note Percentages do not add to 100.00 due to rounding)

include a higher proportion of the five to nine year age-group than expected and it might be that the age distribution of 'under fives' in private households differs to some extent from that in the total home population.

The sample distribution of age-groups by standard region has been compared with that of the mid 1974 home population as estimated by the Registrar General. Though the latter is itself subject to error, it is interesting to note that, as well as the shortfall in 'under fives' there is a shortfall, significant at the five per cent level, in the 20-29 year age-group in the sample and that this pattern is most marked in the Yorkshire and Humberside Region and the South East excluding the GLC area. (The 40-49 and 50-59 year age-groups were over-represented in the sample identified).

Non-response of households identified as eligible

As shown in Table IIIB, in approximately five per cent of those households identified as eligible for interview, no interviews were obtained either because of refusal, non-contact or other reasons such as language difficulties. The distribution by age of 'under fives', standard region and number of 'under fives' per eligible household of this five per cent does not differ significantly from that of the households for whom interviews were obtained. It is possible, however, that these non-responders do differ significantly in some other, unmonitored way from responding households, thus contributing some bias to the results obtained in the survey.

Conclusion

The number of 'under fives' identified in the sample sift seems to be significantly lower than expected. The extent of the shortfall, however, is not clear as the exact proportion of 'under fives' in the home population resident in private households in mid 1974 is not known. The reasons for the shortfall may be a combination of the effects of the multi-stage sample design used to sample a relatively clustered population and of a certain amount of under-identification of 'under fives' in the doorstep sampling sift.

Interviews were completed for approximately 95 per cent of the sample population identified as eligible (ie for 2501 'under fives'). There is no firm indication that this achieved sample is not representative of 'under fives' in England and Wales. The shortfall in numbers identified should be borne in mind however, when interpreting the survey results and caution should be expressed if attempting to make national estimates.

Annex I Calculation of sample size

In order to calculate the size of address sample needed to yield completed interviews for 2500 'under fives', it was necessary to estimate the average number of 'under fives' per private household. For this, the following projections had to be made for June 30th, 1974:—

- (1) the number of persons under five years old in private households.
 - (2) the number of persons in private households.
 - (3) the number of private households.
- (1) and (2)

Age group of population in England and Wales	Estimate for mid 1974 home population ¹		Percent enumerated in private households Census 1971	Estimate for mid 1974 for private households population	
	Number	%		Number	%
All ages	49,250,000	100	97.01865	47,781,685	100
'Under fives'	3,578,800	7.27	99.04679	3,544,687	7.42

¹ These figures are revised estimates made by OPCS Population Estimates Unit in Jan 1974 taking into account a further decline in the birth rate in 1973.

- (3) By extrapolating the downward trend in number of persons per household between the 1966 and 1971 Censuses, the average household size for mid 1974 was estimated to be 2.7744 persons.

Thus the number of private households in mid 1974 was estimated to be

$$\frac{47,781,685}{2.7744} = 17,222,349^2 \text{ private households}$$

Thus the average number of 'under fives' per private household at June 30th 1974

$$= \frac{3,544,687}{17,222,349} = 0.205819$$

In order to achieve interviews for 2500 'under fives':—

$$(i) \frac{2500}{0.205819} = 12,147 \text{ households have to be contacted}$$

(It was estimated that 2500 'under fives' would be clustered in approx. 1900 households)

- (ii) Estimating an overall response rate of 85 per cent of eligible households which assumes that household composition will be obtained and eligibility established for approximately 98 per cent of all households and that a response rate of 87 per cent from the proportion of those established eligible for interview will be achieved.

$$12,147 \times \frac{100}{85} = 14,291 \text{ households would have to be selected.}$$

- (iii) There are estimated to be 1.04 households per electoral register address containing private households. Thus:—

$$14,291 \times \frac{100}{104} = 13,741 \text{ addresses would yield the required number of households.}$$

- (iv) But three per cent of addresses on the register can be expected to be ineligible (ie empty, demolished, institutional, business, etc.)

Thus $13,741 \times \frac{100}{97} = 14,166$ addresses would yield the required number of addresses containing private households.

- (v) The second stage sampling units, wards, were selected with probability proportional to the

October 1972 electorate. The number of addresses to be selected from a ward was adjusted to take into account any changes of ± 2 per cent or more in the number of electors on the October 1973 register. These adjustments were expected to increase the sample size by between 40 and 140 addresses.

Annex II Formulae for calculation of sampling error

- (i) Sampling error, calculated assuming simple random sampling,

$$= \sqrt{\frac{p(100-p)}{n}}$$

where p = population estimate of the percentage of 'under fives' in private households in mid 1974 and n = no. of persons whose age was obtained in the sample.

- (ii) Sampling error, assuming a two-stage sample design, for the sample estimate of the ratio, r .

$$r = \frac{\sum_{h=1}^H \sum_{i=1}^{a_h} Y_{hi}}{\sum_{h=1}^H \sum_{i=1}^{a_h} X_{hi}} = \frac{y}{x}$$

where H = no. of strata (a stratum is a region/density cell)

a_h = no. of primary sampling units (p.s.u.'s) (ie new districts) in stratum h

y_{hi} = sample total for 'under fives' in p.s.u.i., stratum h

x_{hi} = sample total for persons (whose age was obtained) in p.s.u.i., stratum h

sampling error (r) =

$$\frac{1}{X} \sqrt{\sum_{h=1}^H \frac{a_h}{2(a_h-1)} \sum_{i=1}^{a_h-1} (Z_{hi} - Z_{h(i+1)})^2}$$

where $z_{hi} = Y_{hi} - rX_{hi}$

(Ref. L. Kish: Survey Sampling. 1965. Ch.6 Section 5.7)

² This figure agreed approximately with the most recent estimate made available by the Department of Environment, extrapolated from 1966 Census data.

4. a) Which days of the week do you work?

varies..... 1 ask about last week
DOES NOT VARY.... 2 Code in Col. a) below

ASK a) and b) FOR EACH DAY INFORMANT WORKS AND CODE IN BOX

b) At what time do you leave home for work?

c) At what time do you arrive home from work?

DNA : Works at home go to Q.6

USE 24HR CLOCK

CODE AFTER INTERVIEW

	a) Time leaves home		b) Time arrives home		c) Mother away from home for whole period:		d) Works nights i.e. arr. between 24.00-09.00	
	Yes	No	8.45-9.45	11.45-12.45	14.45-15.45	Yes	No	
Sunday	A	B						
Monday	A	B						
Tuesday	A	B						
Wednesday	A	B						
Thursday	A	B						
Friday	A	B						
Saturday	A	B						

CODE AFTER INTERVIEW FROM:

col. a)...	NO. OF DAYS WORKS	→	1
col. a)...	(WORKS WEEKEND DAY(S) ONLY)	→	2
col. a)...	(WORKS WEEKEND(S) AND WEEKEND DAY(S))	→	3
col. b)...	ON AT LEAST ONE WEEKDAY	→	1
col. b)...	(LEAVES HOME BEFORE 07.00)	→	2
col. b)...	(LEAVES HOME BETWEEN 07.01 AND 07.30)	→	3
col. b)...	(LEAVES HOME BETWEEN 07.31 AND 08.00)	→	1
col. d)...	ON AT LEAST ONE WEEKDAY	→	2
col. d)...	(IS AWAY FOR WHOLE PERIOD 08.45-09.45)	→	3
col. d)...	(IS AWAY FOR WHOLE PERIOD 11.45-12.45)	→	1
col. d)...	(IS AWAY FOR WHOLE PERIOD 14.45-15.45)	→	2
col. e)...	FOR ANY DAY	→	3
col. e)...	WORKS NIGHTS	→	1

5. Mother's attitudes to work:
Apart from the money would you prefer:

1 RUNNING PROMPT

2 not to work at all.....

3 or would you want

4 to work anyway even if

5 it meant you had to work

6 other (specify).....

a) And would you prefer:

1 Full time.....

2 or part-time work.....

6. What happens to (0-4 year olds) whilst you are working?

(CHECK THAT YOU COVER EACH CHILD)

PROBE IF NOT CLEAR
Who looks after (0-4 yr olds):

1 Husband.....

2 Informant's mother.....

3 Informant's mother-in-law.....

4 Child's sibling(s).....

5 Other relative.....

6 Friend/neighbour.....

7 Child minder.....

8 Nursery school/class.....

9 School.....

10 Day Nursery.....

11 Play group.....

12 Creche.....

13 Other (specify).....

14

15

16

17

18

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22

23

24

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26

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40

TO ALL DAY CARE - CARD A

7. Does (child) go to any of the following besides the one you have already mentioned?

PROMPT LIST ON CARD A, AND CODE

COL. a) ON CARD

Serial No.

CARD A

DAY CABLE

Child's Name .

No

Household No.	Family No.
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
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71	71
72	72
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75	75
76	76
77	77
78	78
79	79
80	80
81	81
82	82
83	83
84	84
85	85
86	86
87	87
88	88
89	89
90	90
91	91
92	92
93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

						H ⁱ hold No.
						Family No.

R

ASK 0+ 8-11 FOR 1ST CHILD. THEN 2ND CHILD ETC

USING ADDITIONAL PAGES 5-9

[illegible]

	a)		b)	c)	d)
	Yes	No			
Playgroup/Play school	1	1	Mrs attends From To	Cost/day or/ok of term per day per wk per term
Nursery school/class*	2	2			
Day nursery*	3	3			
Primary/infants school	4	4			
Childminder (specify)	5	5			
Other	6	6			

Child's Name

No.

	a)		b)	c)		d)
	Yes	No		From	To	
Playgroup/school	1	1	No. of days/wk child attends	hrs attends	Cost/day or % of term	
Nursery school/class*	2	2			per day per wk per term	
Day nursery*	3	3				
Primary/Infants school	4	4				
Childminder (specify)	5	5				
Other	6	6				

Child's Name:
No.

	a)		b) No. of days/wk child attends	c)		d) Cost/day or % of term per day per wk per term
	Yes	No		From	To	
Playgroup/Play school	1	1				
Nursery school/class*	2	2				
Day nursery*	3	3				
Primary/Infants school	4	4				
Childminder (specify)	5	5				
Childminder (specify)	6	6				

* IF INFORMANT SAYS 'NURSERY' ASK BEFORE CODING -
'Is that a day nursery, or a nursery school or class?'
CODE 3 IF INFORMANT DOES NOT KNOW.

Enter Ca and p.

[I'd like to talk now about (0-4 year olds') health. Children's health, may affect what they can do, as well as the services they need].

8. a) Is (child) unable to do any of the things most children of his age can do because of his health?

if Yes (1)

b) What is he unable to do because of his health?

c) What is the matter with him?

PROBE FOR FILL DETAILS INCLUDING CAUSE

3rd complaint	1	2	3	4	5
2nd complaint	1	2	3	4	5
1st complaint	1	2	3	4	5

SINCE BIRTH.....	1	2	3	4	5
Less than 3 mths....	1	2	3	4	5
3 mths but less than	1	2	3	4	5
6 mths.....	1	2	3	4	5
6 mths but less than	1	2	3	4	5
1 yr.....	1	2	3	4	5
1 yr or more.....	1	2	3	4	5

9. a) During the last 2 weeks has (child) had to stay in bed at all because he has been unable to hurt himself?

Yes..... 1 ask (i)
no..... 2 & (ii) b)
go to 5

IF YES (i)

- (ii) For how many days has (child) stayed in bed in the last 2 weeks?

No of days →

- (iii) What has been the matter with him?

PROBE FOR FULL DETAILS INCLUDING CAUSE

Same complaint as at Q9 1
other (specify) 2

- b) (Apart from that) has he been unable to do the things he usually does because of illness or injury?

Yes..... 1 ask (i)
no..... 2 & (ii)
go to Q10

IF YES (i)

- (i) What has he been unable to do?

- (ii) What has been the matter with him?

PROBE FOR FULL DETAILS INCLUDING CAUSE

Same complaint as at Q9 1
other (specify) 2

- Q.10 a) Can I just check, over the last 2 weeks has (child) suffered from :

PROMPT	Yes	No
A cold, cough, or sore throat?	1	1 ...
ear ache or ear trouble?	2	2 ...
upset stomach, vomiting or diarrhoea?	3	3 ...
eczema or skin trouble?	4	4 ...
asthma or wheezing?	5	5 ...
any faints, fits, convulsions or turns?	6	6 ...
or anything else we have not mentioned (specify)?	7	7 ...

IF NO TO FITS ETC

Has he ever had any faints, fits, convulsions or turns?

1 2 ...

- b) When he was born were there any worries about his health?

Yes..... .1
no..... .2

- c) Was he kept in an incubator just after he was born?

Yes..... .1 ask (i)
no..... .2 go to Q11

- (i) For how long was he in an incubator?

Less than 3 days but less than 1 wk..... .1
1 week or longer..... .2
..... .3

11. a) What about accidents, since Christmas, has he had any?

(PROMPT LIST OF ACCIDENT TYPES)

TYPE OF ACCIDENT	a) Whether had accident		b) Number of accidents		c) Saw doctor		(1) No. of accidents seen from Dr. seen
	Yes	No	Yes	No	Yes	No	
1. cuts, falls, bumps or bruises?	1 ... 2	.....	.....	.....	3 .. 4	.....	.....
2. fractures?	1 ... 2	.....	3 .. 4	.....	.....	.....	.....
3. burns or scalds?	1 ... 2	.....	3 .. 4	.....	.....	.....	.....
4. has he swallowed or inhaled something?	1 ... 2	.....	3 .. 4	.....	.....	.....	.....
5. got something up his nose, or ear? ..	1 ... 2	.....	3 .. 4	.....	.....	.....	.....
6. got something in his eye?	1 ... 2	.....	3 .. 4	.....	.....	.....	.....
7. had a road accident?	1 ... 2	.....	3 .. 4	.....	.....	.....	.....
8. or any other accident (specify)	1 ... 2	.....	3 .. 4	.....	.....	.....	.....
Total							.....

NO ACCIDENT OF TYPES 1 - 7 SINCE XMAS 1
 go to Q.12
 if no other
 0-4yr old

IF HAVE ACCIDENT
 (1) Did the accident happen whilst
 (CHILD) was:

RUNNING PROMPT

a passenger in a car 1
 playing in the street 2
 or what? (specify) 3

b) Did he hurt (EXPERIENCE TYPE OF ACCIDENT) on the one occasion since Christmas (since birth) or did he (HAVE TYPE OF ACCIDENT) more than once?

RECORD NUMBER OF ACCIDENTS OF EACH TYPE IN OOL b)

c) Did he have to see a doctor about (any of) (ACCIDENTS) (you mentioned)?
 (CODE IN OOL c)

IF NO DR. SEEN FOR ANY ACCIDENT, GO TO Q. 12 IF NO OTHER 0-4 YR OLD
 IF DR. SEEN AND CHILD HAD MORE THAN 1 ACCIDENT OF ONE TYPE ASK:

(1) For how many (ACCIDENTS OF THAT TYPE) did he see a doctor?

CODE IN OOL (1)

Q.11 (cont'd)

ASK (1) FOR EACH ACCIDENT FOR WHICH A DOCTOR WAS SEEN

d) Did he have any treatment for (ACCIDENT)?

CODE AT d) BELOW

if Yes (1)

(1) What treatment did he have?

CODE AT (1) BELOW

ACCIDENT TYPE NO

OCCASION NO

DATE

d) Whether treatment

given:

Yes 1 1 1 1 1 1

No 2 2 2 2 2 2

(1) Type of

treatment:

X-ray 1 1 1 1 1 1

stitches/clip 2 2 2 2 2 2

dressing 3 3 3 3 3 3

operation 4 4 4 4 4 4

injection 5 5 5 5 5 5

bone set in plaster 6 6 6 6 6 6

other (specify) 7 7 7 7 7 7

IF OTHER 0-4YR OLD USE EXTRA PAGES 5-9

TO ASK Qs. 8-11

OTHERS GO TO P.11 .

Serial No.

--	--	--	--	--

H'hold No.	
Family No.	

C

1-4 YR OLDS ONLY

12. (Now I have a few questions about development...)

RNA: No child aged 1 yr or more X go to Q.13 P.13

	CHILD NO.1				CHILD NO.2				CHILD NO.3			
	Yes	No	1/2	3/4	Yes	No	1/2	3/4	Yes	No	1/2	3/4
SECTION A												
Can he: Dress himself without help (apart from buttons)?	1.2	.3	.1	.2	3..	1.2	.3	.1	.2	3..	1.2	.3
3-4 YRS: do up buttons?	1.2	.3	.1	.2	3..	1.2	.3	.1	.2	3..	1.2	.3
undo buttons?	1.2	.3	.1	.2	3..	1.2	.3	.1	.2	3..	1.2	.3
Can he: put on his coat without help? (apart from buttons)?	1.2	.3	.1	.2	3..	1.2	.3	.1	.2	3..	1.2	.3
put on a jersey without help?	1.2	.3	.1	.2	3..	1.2	.3	.1	.2	3..	1.2	.3
2 YRS: pull up his pants without help?	1.2	.3	.1	.2	3..	1.2	.3	.1	.2	3..	1.2	.3
feed himself with a spoon?	1.2	.3	.1	.2	3..	1.2	.3	.1	.2	3..	1.2	.3
drink from an ordinary cup without help?	1.2	.3	.1	.2	3..	1.2	.3	.1	.2	3..	1.2	.3
Does he: help you when you dress him by holding out his arms for his sleeves, or his feet for his shoes, for example?	1.2	.3	.1	.2	3..	1.2	.3	.1	.2	3..	1.2	.3
1 YR: feed himself with a spoon without help?	1.2	.3	.1	.2	3..	1.2	.3	.1	.2	3..	1.2	.3
IF NO (IF YES GO TO 2's FOR 2 YR OLDS OR SECTION B AS APPROPRIATE)	1.2	.3	.1	.2	3..	1.2	.3	.1	.2	3..	1.2	.3
feed himself with his fingers?	1.2	.3	.1	.2	3..	1.2	.3	.1	.2	3..	1.2	.3
SECTION B.												
Can he: stand on one leg?	1.2	.3	.1	.2	3..	1.2	.3	.1	.2	3..	1.2	.3
3-4 YRS: hop on one foot?	1.2	.3	.1	.2	3..	1.2	.3	.1	.2	3..	1.2	.3
2 YRS: walk without help?	1.2	.3	.1	.2	3..	1.2	.3	.1	.2	3..	1.2	.3

Q.12 (cont'd)

CHILD NO.

1

2

3

Yes No D/K Yes No D/K Yes No D/K

Yes No D/K

SECTION B (cont'd)

Can he: walk by holding on to furniture?

[IF YES ASK Q FOR 2 YR OLDS]

IF NO

pull himself to a standing position by holding on to furniture?

1 YR

olds

crawl on his hands and

knees, or hands and feet,

or shuffle round on his

bottom?

sit without support?

SECTION C

Can he: speak in sentences of 3 or more words?

[IF NO, GO TO Q FOR 2 YR OLDS]

IF YES

tell you what he has been doing or what has happened to him?

can people outside the house tell what he is saying?

IF NO

[IF YES, GO TO Q13 UNLESS OTHER 1-4 YR OLD]

is that because he stammers or is shy?

is that because he just can't find the words?

clear?

CHILD NO.

CHILD NO.

Can he: join 2 or more words together and say things like 'car go' or 'mummy eat'?

2 YR olds

for example?

	CHILD NO.	1		2		3	
		Yes	No D/k	Yes	No D/k	Yes	No D/k
Can he:		-1.-2.-3...	-1.-2.-3...	-1.-2.-3...	-1.-2.-3...	-1.-2.-3...	-1.-2.-3...
understand things you say to him?		-1.-2.-3...	-1.-2.-3...	-1.-2.-3...	-1.-2.-3...	-1.-2.-3...	-1.-2.-3...
1 YR		-1.-2.-3...	-1.-2.-3...	-1.-2.-3...	-1.-2.-3...	-1.-2.-3...	-1.-2.-3...
will he do things you ask him to do,		-1.-2.-3...	-1.-2.-3...	-1.-2.-3...	-1.-2.-3...	-1.-2.-3...	-1.-2.-3...
like fetching things from another		-1.-2.-3...	-1.-2.-3...	-1.-2.-3...	-1.-2.-3...	-1.-2.-3...	-1.-2.-3...
room?		-1.-2.-3...	-1.-2.-3...	-1.-2.-3...	-1.-2.-3...	-1.-2.-3...	-1.-2.-3...
can he say odd words?		-1.-2.-3...	-1.-2.-3...	-1.-2.-3...	-1.-2.-3...	-1.-2.-3...	-1.-2.-3...

IF YES, GIVE EXAMPLES: IF NO, GO TO Q.13, BELOW

EXAMPLES CHILD NO.....

CHILD NO.....

{ does he seem to understand what
 you are saying, or is it just
 babble? }

Understands..... 1 2 3 1 2 3 1 2 3

TO ALL

13. Is there anything about (child's)
 health or development which worries you?

If yes (1)

a) What worries you?

	1		2		3	
	Yes	No	Yes	No	Yes	No
13. Is there anything about (child's) health or development which worries you?	1	1	1	1	1	1
If yes (1)	2	2	2	2	2	2
a) What worries you?	3	3	3	3	3	3

CHILDREN UNDER 1 YR ASK Q.14
 CHILDREN OVER 1 YR GO TO Q. 17, P.16

CHILDREN UNDER 1 YEAR

(I'd like to ask you a little more about how (child)
 is, getting on, starting with feeding)

14. What kind of food is he taking
 now, some solids, or liquids only?

(a) Is he breast or bottle fed or does
 he always drink from a cup?

(b) Are there any problems about
 his feeding?

If Yes (1)

(1) What kind or problems?

(c) Do you usually enjoy his feeding
 times, or are they often
 difficult or tedious?

15. What about sleeping, does he
 usually sleep well, or not?

If No, does not sleep well (2)

(a) A wakeful baby can be very wearing.
 How does it affect you. Does it
 make you feel:

RUNNING PAIN?

tired

fed up with him

generally irritable

(or what? (specify))

	1		2		3	
	Yes	No	Yes	No	Yes	No
14. What kind of food is he taking now, some solids, or liquids only?	1	1	2	2	3	3
(a) Is he breast or bottle fed or does he always drink from a cup?	1	1	2	2	3	3
(b) Are there any problems about his feeding?	1	1	2	2	3	3
(c) Do you usually enjoy his feeding times, or are they often difficult or tedious?	1	1	2	2	3	3
15. What about sleeping, does he usually sleep well, or not?	1	1	2	2	3	3
If No, does not sleep well (2)	1	1	2	2	3	3
(a) A wakeful baby can be very wearing. How does it affect you. Does it make you feel:	1	1	2	2	3	3
tired	1	1	2	2	3	3
fed up with him	1	1	2	2	3	3
generally irritable	1	1	2	2	3	3
(or what? (specify))	1	1	2	2	3	3

DINA: No child aged 1-4 x Go to Q40 P. 25

CHILDREN AGED 1-4

17. I have some questions here about behaviour (HAND CARDS B) can you look at this list and tell me for each item whether the child is 'contented', 'miserable' (child) at present - in the last 4 weeks. Just say 'A', 'B' or 'C'.

(SECOND INFORMANT FROM TIME TO TIME THAT IT IS THE LAST 4 WEEKS YOU ARE INTERESTED IN)

	1	2	3
16. a) On the whole would you say he is contented or miserable? or miserable baby?	1	1	1
	2	2	2
	3	3	3
b) Does he cry much or not?	1	1	1
	2	2	2
c) When he cries, is it usually because he's hungry, tired, or dirty, or is it naughtiness, or what?	1	1	1
	2	2	2
	3	3	3
d) Crying gets on some mother's nerves, how do you feel when (child) cries?			

IF NO CHILD AGED 1-4 GO TO Q40. P. 27
FOR CHILDREN AGED 1-4 ASK Q's 17 ONWARDS

1. A Always has a good appetite 1 1 1
- B Sometimes has a poor appetite 2 2 2
- C Nearly always has a poor appetite 3 3 3
2. A Will eat anything you give him 1 1 1
- B Will not eat certain things 2 2 2
- C Refuses many different foods 3 3 3
3. A Wears nappy all the time 1 1 1
- B Wears nappy at night only 2 2 2
- C Wears nappy occasionally- e.g. When going out 3 3 3
- D Never wears nappy 4 4 4
4. A Wets the bed 3 or more times a week 1 1 1
- B Occasionally wets the bed, up to once or twice a week 2 2 2
- C Never wets at night 3 3 3
5. A Never wets pants during the day 1 1 1
- B Wets during the day up to once or twice a week 2 2 2
- C Wets during the day 3 or more times a week 3 3 3
6. A Soils pants 3 or more times a week 1 1 1
- B Occasionally soils, up to once or twice a week 2 2 2
- C Never dirties pants 3 3 3

CHECK

1 go to item 7
2 go to item 5
3
4 ask item 4

IN THE LAST 4 WEEKS

7. A Easy to get to bed and to sleep
 B Some difficulties in settling at bedtime
 C Often takes over an hour to settle at bedtime
 8. A Frequently wakes at night and is difficult to settle again
 B Sometimes wakes at night
 C Hardly ever wakes at night
 9. A Frequently sleeps with parent because upset or doesn't want to sleep alone
 B Occasionally sleeps with parent because upset or doesn't want to sleep alone
 C Never sleeps with parent
 10. A Too active; hardly ever sits still even for meals for more than 5 minutes
 B Very active
 C As active as most children of his/her age
 D Not active enough
 11. A Has good concentration for his/her age; sticks at one thing for some time
 B Concentration waxes; finds it difficult to concentrate at times
 C Hardly ever or never concentrates on anything

	1	2	3
7. A	1	1	1
B	2	2	2
C	3	3	3
8. A	1	1	1
B	2	2	2
C	3	3	3
9. A	1	1	1
B	2	2	2
C	3	3	3
10. A	1	1	1
B	2	2	2
C	3	3	3
D	4	4	4
11. A	1	1	1
B	2	2	2
C	3	3	3

IN THE LAST 4 WEEKS

12. A Not clinging; can easily be left with people he knows
 B Gets upset if away from mother but gets over it
 C Very clinging; can't be left with others
 13. A Independent; doesn't ask for a lot of attention
 B Sometimes asks for a lot of attention
 C Demands too much attention, follows mother round all day
 14. A Has frequent or long temper tantrums with shouting, kicking or screaming & no on
 B Sometimes has temper tantrums lasting a few minutes
 C Does not have temper tantrums
 15. A Usually happy except for brief periods, when tired for instance
 B Sometimes miserable or irritable
 C Frequently miserable or irritable
 16. A Worries a lot about things that might happen or have happened like accidents, illness, monsters, changes in routine
 B Sometimes worries for short periods
 C Not a worrier
 17. A Very fearful; is very upset and frightened by things like insects, spiders, the dark, or the bath and so on
 B Has some fears, but is easily comforted
 C Has no fears

	1	2	3
12. A	1	1	1
B	2	2	2
C	3	3	3
13. A	1	1	1
B	2	2	2
C	3	3	3
14. A	1	1	1
B	2	2	2
C	3	3	3
15. A	1	1	1
B	2	2	2
C	3	3	3
16. A	1	1	1
B	2	2	2
C	3	3	3
17. A	1	1	1
B	2	2	2
C	3	3	3

18. Is there anything about (child's) behaviour that worries you?	1 2 3	1 2 3	1 ask a) 2 go to Q.19
Yes..... No.....	1 2	1 2	
<p align="center"><u>If yes (1)</u></p> <p>a) What is it that worries you?</p>			
(I'd like to ask some more about eating and sleeping ...)			
19. Do (1-4 yr. olds) usually have at least one sit-down meal with you each day, or not?	1 2 3 4	1 2 3 4	1 2 3 4
yes usually..... only at weekends..... no, never..... other (specify)...	1 2 3 4	1 2 3 4	
20. Some children eat or drink unusual things which aren't food, like paper or dirt. Does (child) ever do that?	1 2 3	1 2 3	1 ask a) 2 go to Q.21
Yes..... No.....	1 2	1 2	
<p align="center"><u>If yes (1)</u></p> <p>a) What things does he eat/drink?</p> <p>b) how often does he do that now- thinking of the last 4 weeks.</p>			
3 times a week or more..... 1/month-2/week..... not in last 4 weeks	1 2 3	1 2 3	
21. Does (child) have his own bed or cot or does he share with someone?	1 2	1 2	1 go to Q.22
has own bed/cot.... shares.....	1 2	1 2	
<u>If shares (2)</u>			
a) who does he share with?	1 2 3	1 2 3	
mother/parents... brothers/sisters... other(specify)...	1 2 3	1 2 3	

22. Do you normally put (child) to bed (does your husband) or does he usually put himself to bed?	1 2 3	1 2 3	1 ask a) 2 go to Q.24
Informant..... spouse..... either isn't or spouse or both.. child puts self to bed..... other (specify)	1 2 3 4 5	1 2 3 4 5	
23. Does (child) have any little habits either before going to sleep or at other times, like sucking his thumb, carrying a rag round with him, biting his nails, or pulling faces and so on?	1 2 3	1 2 3	1 ask a) 2 go to Q.24
Yes..... No.....	1 2	1 2	
<p align="center"><u>If yes (1)</u></p> <p>a) what habits does he have?</p> <p>DO NOT PROMPT</p>			
sucking thumb or finger..... sucking other objects (incl. dummy)..... carries blanket/happy/rag round with him..... biting nails..... pulling faces..... grinding teeth..... licking/biting lips..... sucking/rolling tongue..... Picking/pulling/scratching hair, skin, nails..... head banging..... rocking himself..... other(specify).....	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	CODE ALL THAT APPLY
off. use			

24. a) Most children are difficult to manage at times
How do you find (child)?

b) So on the whole, would
you say he is:

easy to manage and control
sometimes difficult to
manage and control
or frequently difficult to
manage and control

25. Can you usually take child
shopping without trouble?

yes
no
never takes child
shopping

26. a) What do you do when he is
really naughty?

never naughty/too young to
be naughty.....
other (specify)

b) How often do you have to
muck him?

more than once a day
just once a day
once a week or more, but not
everyday
less than once a week
or never?

27. What sort of things make (child) get on your nerves?

never gets on
informants nerves
(nearly) everything child
does
other (specify)

28. A lot of mothers get so angry
at times they are afraid of
losing control of themselves
and really hurting their child,
do you ever get like this?
About (AN OF 0-4 YR OLD)?

yes
no
other(specify)

if yes (1)
a) What do you do when you feel like that?

b) How often do you feel you
are losing control like
that?

once or twice only,
every
up to 1/month
up to 1/week
more than 1/week

	1	2	3
<p>IF MOTHER DOES NOT WORK F/T DURING THE DAY AWAY FROM HOME AND IF ANY CHILD DOES NOT GO TO PLAYGROUP, NURSERY/SCHOOL ETC.</p>			
29.	Yes	1	1
	No	2	2
	other (specify)....	3	3
<p>IF OTHER CHILD GOES TO PLAYGROUP ETC. ASK Q. 30 OTHERS DO TO Q. 31</p>			
<p>IF MOTHER WORKS F/T DURING THE DAY AWAY FROM HOME ON ANY CHILD GOES TO PLAYGROUP, NURSERY/SCHOOL ETC.</p>			
30.	Do you think it helps that you have a break from (child) some-times (when he goes to playgroup/nursery at certain times days)?	Yes.....	1
		No	2
		Other (specify) ..	3
31.	a) [How can we talk about play?] Are there any children of about his own age who play with round here (apart from his brothers and sisters)?	Yes	1
		No	2
<p>CODE YES! (1) IF THERE ARE CHILDREN AVAILABLE, EVEN IF CHILD DOES NOT PLAY WITH THEM</p>			
b)	On how many days (if any) in the last week has he played with any other children for half an hour or more?	1 day only	1
		2 days	2
		3 days	3
		4 days	4
		5, 6, 7 days/ everyday!	5
		NOT AT ALL	6
<p>EXCLUDE PLAY WITH BROS./SISTERS INCLUDE CHILDREN AT PLAYGROUP/NURSERY ETC.</p>			

22. a) How does he get on with other children about his own age?
(EXCLUDE BROS./SISTERS)

never plays with others

1 2 3

1 1 1 go to Q. 33

b) So would you say that, on the whole, at present he:

gets on well with other children
that he has some difficulties
that he finds it very difficult to play with other children?

RUNNING PROMPT

1 1 1

2 2 2

3 3 3

33. a) What about places to play, where has he played outdoors in the last week?

1 1 1 go to Q. 34

2 2 2

3 3 3

4 4 4

5 5 5

6 6 6

7 7 7

8 8 8

b) On how many days in the last week has he played outdoors for half-an-hour or more?

1 1 1 go to Q. 34

2 2 2

3 3 3

4 4 4

5 5 5

6 6 6

c) And how many days has he played outdoors for half an hour or more without a group-up?

1 1 1

2 2 2

3 3 3

4 4 4

5 5 5

6 6 6

not at all

5, 6, 7 days/everyday!

	1	2	3
34. Is there anything about (living indoors) which you can't let (0-4 yr olds) play outdoors as much as you think he/they should?	1 Yes	1 ask a)	
	2 No	2 go to Q.35	
If yes (1)			
a) What is that?			
35. When (0-4 yr olds) play indoors is there a particular room where he/they usually play?	1 DWA: dwellings has 1 room only	1 go to Q.36	
	2 Yes	2 2	
	3 No	3 go to Q.36	
	4 other (specify).....	4 4	
If yes (2)			
a) Which room is that?	SINGLE CODE		
	1 kitchen g	1	
	2 living/sitting/dining room	2	
	3 children's bedroom	3	
	4 children's playroom	4	
	5 bathroom/passage	5	
	6 stairs	6	
	other (specify)	6	
g 'kitchen' includes kitchen/living room & kitchen/dining room unless there is a barrier (e.g. breakfast bar), between cooking & living/dining area.			
36. On the whole, do you find this house/apartment or flat as a place in which to bring up (a) small child(ren) not satisfactory	LOOP CODE		
	1 1 go to Q.37		
	2 2 ask a)		
If not satisfactory (2)			
a) What is unsatisfactory about it?			

	1	2	3
What does (child) like playing with?			
37. Can you tell me what he played with at home yesterday, for example? IF CHILD NOT AT HOME YESTERDAY, ASK ABOUT LAST DAY AT HOME.			
38. a) Do you usually manage to play or do something together with (child) most days, or not?	Yes	1	1
	No	2	2
	Other (specify)	3	3
b) What do you particularly like to do with (child) (when you have the time)?	nothing	1	1 Ask c)
	other (specify)	2	2
IF READING/LOOKING AT BOOKS NOT SPECIFIED AT b) ASK c)			
OTHERS, CODE 1 AT c) AND GO TO d)			
c) Do you ever read to him or look at picture books together?	Yes	1	1 ask d)
	No	2	2 go to Q.39 over page
d) How often, if at all, have you read to him or looked at picture books together in the last week?	NOT AT ALL	1	1
	one day/once	2	2
	2 or 3 days/once or twice	3	3
	4 days	4	4
	5/6/7 days	5	5
	'everyday'	5	5

Q43. (cont'd)

b) Does he usually arrive home from work after (child) has gone to bed for the night?

If varies (i)

(i) Last week, did he arrive home from work after (child) had gone to bed on more than 3 occasions?

Yes.....
no.....
varies.....

Yes.....
no.....
did not work last week.....
varies.....
home.....
d/h.....

If codes 1, 4, or 5

(ii) The last time he worked (and was at home) did you know about? did he arrive home after (child) had gone to bed on 3 or more occasions?

Yes.....
no.....
d/h can't remember.....

Yes.....
no.....
d/h can't remember.....

Yes.....
no.....
d/h can't remember.....

Yes.....
no.....
d/h can't remember.....

Yes.....
no.....
d/h can't remember.....

Yes.....
no.....
d/h can't remember.....

Yes.....
no.....
d/h can't remember.....

Yes.....
no.....
d/h can't remember.....

Yes.....
no.....
d/h can't remember.....

Yes.....
no.....
d/h can't remember.....

Yes.....
no.....
d/h can't remember.....

Yes.....
no.....
d/h can't remember.....

Yes.....
no.....
d/h can't remember.....

Yes.....
no.....
d/h can't remember.....

Yes.....
no.....
d/h can't remember.....

Yes.....
no.....
d/h can't remember.....

Yes.....
no.....
d/h can't remember.....

Yes.....
no.....
d/h can't remember.....

Yes.....
no.....
d/h can't remember.....

Yes.....
no.....
d/h can't remember.....

Yes.....
no.....
d/h can't remember.....

Yes.....
no.....
d/h can't remember.....

Yes.....
no.....
d/h can't remember.....

Yes.....
no.....
d/h can't remember.....

44. a) Does (child) show affection to his father?

Yes.....
No.....
other (specify).....

b) Do they ever have a cuddle or romp together.

Yes.....
No.....
other (specify).....

c) What sort of things make (child) get on his father's nerves?

nothing.....
everything.....
other (specify).....

d) How often does his father get angry with him?

everyday.....
once a week or more.....
less than once a week.....

e) So, on the whole (child) and his father get on together?

very well.....
fairly well.....
not very well.....
or badly?.....

D

serial No.						
Wife's No.						
Family No.						

(Now I'd like to ask about your health, which is important because, obviously, if you feel unwell it's less easy to cope with children.)

45a) In the last 2 weeks have you had to stay in bed for all or most of the day because of an illness or injury?

If Yes (1) Yes ... 1 ask (1) & b-d)
No 2 ask b)

(1) For how many days during the last 2 weeks?

(b) (apart from that) have there been any days in the last 2 weeks when you found it difficult to cope with (child/the children) because you were unwell or had an injury?

If Yes (1) Yes ... 1 ask (1) & c-d)
No 2 if yes to a)
Others go to Q46.

(1) For about how many days (in the last 2 weeks)?

(11) In what way was it difficult to cope with (child/the children)?

Q45 (cont'd)

c) What has been the matter with you, PROBE FOR FULL DETAILS INCLUDING CAUSE.

d) Did anyone help with (0-4 yr.-olds) whilst you were (unwell/handicapped) by your injury?

If Yes (1) Yes ... 1 ask (1)
No 2 go to Q46

(1) Who was it who helped?

Husband 1
Infant's mother 2
Infant's mother in law 3
Infant's older children 4
Other relative (specify) 5
Friend/neighbour 6
Other (specify) 7

IF YES TO ANY Q46-50 HAND CARD C TO INFORMANT

IF INFORMANT HAS HEART TROUBLE
CANCER OR OTHER DANGEROUS, OR LONG
TERM INCAPACITATING ILLNESS OMIT
Q46 AND GO TO Q47

Q46 D4A: ... X GO TO Q47

46. Do you worry about your health at all? Do you ever think you may have a serious illness, like heart trouble, cancer and so on?

Is this:		Only occas-ly - less than once a week.	
Yes	No	Most of the time - nearly every day.	Quite a long time - at least once a week.
1	2	3	4
Ask Q47			5

IF YES TO A) OR B) ASK C) AND D) OVER PAGE; OTHERS GO TO Q46, P13.

		Is this:	
Yes	No	Most of the time every day	Quite often at least 1/4x 1/4x
47. Are you a worrying sort of person?			
If Yes (1)			
1	2	go to Q48	
a) Does worrying affect:			
(1) Your sleep?			
1	2	Ask (2)	
If Yes			
Is it that you can't get off to sleep for worrying you wake up and worry in the night..... 1 2 3 4 5			
or what? (specify)..... 1 2 3 4 5			
(2) Your appetite..... 1 2 3 4 5			
If Yes			
Does worrying make you eat more than usual, or eat less than usual..... 1 2 3 4 5			
(3) Does worrying stop you getting on with things?..... 1 2 3 4 5			
(4) Does it affect how you get on with the children?..... 1 2 3 4 5			
If Yes			
In what way?..... 1 2 3 4 5			
(5) Does worrying affect you in any other way? (specify)..... 1 2 3 4 5			

		Is this:	
Yes	No	Very often every day	Quite often at least 1/4x 1/4x
48. Some people get worried or panicky in certain situations, like being somewhere high or in a crowd, or in the middle of a house. Is there anything that makes you feel like that?			
If Yes.			
1	2	Ask Q49	
a) What makes you feel like that?			
1	2	Ask Q49	
b) Does your fear of..... ever prevent you from going out?			
1	2	Ask Q50	
49. Do you ever get frightened or panicky without knowing why?			
If Yes			
a) When that happens do you have any unpleasant sensations like:			
1	2	Ask Q50	
b) How often do you get panicky without knowing why?			
1	2	Ask Q50	

	Yes	No	Is this: Very often Quite often Every day Less than 1/wk 1/Mo
50 (A lot of mothers feel really low at times.....) 1 2 3 4 5 felt miserable or depressed at all?	1	2 Go to Q51	1/wk 1/Mo
a) When you feel like that, does it affect: (1) Your appetite?	1	2 Ask (2)	
If Yes (1) Do you eat more than usual	1	2 3	4
Do you eat less than usual?	2	3	4
(2) Your sleep?	1	2 Ask (3)	
If Yes (1) Do you find you can't get off to sleep?..	1	2 3	4
Do you wake up early in the morning, or do what? specify	2 3 4	1 2 3	4
(3) Does it stop you getting on with things... (4) Do you find yourself crying at times?.... (5) Do you find it difficult to concentrate? (6) Do you have no energy?	1 2 3 4	1 2 3 4	4 4 4 4
(7) Does it affect you how you get on with the children?	1	2 Ask (8)	4
If Yes (1) In what way?	1	2 3	4
(8) Have you felt like walking out and leaving it all?	1	2 3	4
(9) Do you sometimes feel that life isn't worth living?	1	2 3	4

Q.50 (cont'd)				X go to Q.53 P.37 Y ask b)
a) When you are feeling upset like that, what makes you feel better?				1 go to c) 2 go to Q52
b) IF EMPLOYED/STUDENT INM: husband unemployed/retired ... Sla) During the last 2 weeks has he been off work for a day or more because of an illness or injury? Yes No				1 ask c) 2 go to Q52
c) IF UNEMPLOYED/RETIRED/SICK, DISABLED b) In terms of his past, would he have been unable to work for any day in the last 2 weeks? If yes to a) or b) _____ For how many days? _____ What has been/as the matter with him? PROBE FOR FULL DETAILS INCLUDING CAUSE				
d) Has it affected how he has got on with (6-4 yr olds)? If yes (i) _____ (i) In what way?				1 ask (i) 2 go to Q52

(Weld like some idea of how much help mothers have from their families and friends. Do you tell me first?)

52. Has your husband helped out with any of these things in the last week?

PROMPT LIST	Yes	No	DNA
washing/bathing the children?	1	2	14
putting the children to bed, or undressing them?	3	4	15
changing nappies?	5	6	16
dressing the children?	7	8	17
playing with them?	9	10	18
reading a story to them?	11	12	19
getting up to them at night?	13	14	20
taking the children to or from school/nursery-school/playgroup/child minder?	15	16	21
shopping?	17	18	22
washing or drying up?	19	20	23
housework or cleaning?	21	22	24
cooking?	23	24	25
the washing, ironing or going to the laundrette?	25	26	27

NO ALL	1 ask a)
53. Does anyone (else) help you regularly with the housework or looking after the children?	2 go to Q54
If yes (1)	CODE ALL THAT APPLY
a) Who (else) helps you?	1 older children.....
	2 informant's mother.....
	3 informant's mother-in-law.....
	4 other relative (specify).....
	5 friend/neighbour.....
	6 domestic help.....
	7 au pair/nanny.....
	8 other (specify).....

54. Have you seen any of your own or your husband's relatives for half an hour or more in the last 4 weeks?

a) Which of your own or your husband's relatives have you seen to talk to in the last 4 weeks? PROMPT LIST AND CODE IN COL a) OF BOX

b) On how many days have you seen..... in the last 4 weeks for half an hour or more?

CODE IN COL b) OF BOX	Whether seen in last 4 weeks		No. of days seen
	Yes	No	
your mother	1	2	3
your father	4	5	6
your own sisters	7	8	9
your own brothers	10	11	12
your husband's mother	13	14	15
your husband's father	16	17	18
any other relative (specify)	19	20	21

c) Do you feel you see your own and your husband's relations: RUNNING PROMPT

1 sufficiently often	1
2 too often, or.....	2
3 not often enough.....	3
4 other (specify).....	4

55. Apart from relations, on how many days have you seen a friend for half an hour or more in the last week?

1 NOT AT ALL.....	1
2 1 day.....	2
3 2 days.....	3
4 3 days.....	4
5 4 days.....	5
6 5, 6, 7 days.....	6

56. Including the people you see at work, do you feel you see more than usual to talk to during the day or not?

1 Yes	1
2 No	2

IF NO CHILD GOES TO NURSERY/SCHOOL/PLAYGROUP

57. Would you be glad of an opportunity to meet other mothers in a playgroup or nursery when your child is old enough to go to school, if (0-4 yr olds) went?

Yes..... 1
 No..... 2
 other (specify)..... 3

IF ANY CHILD GOES TO NURSERY/SCHOOL/PLAYGROUP

Has it helped meeting other mothers through the (playgroup/nursery/school) that 0-4 yr old(s) goes to?

Yes..... 1
 No..... 2
 other (specify)..... 3

IF MOTHER DOES NOT WORK OUTSIDE THE HOME

58. Would you like to be able to go outside home..... 1
 If so, what kind of work would you prefer to be at home..... 2
 other (specify)..... 3

What is the main reason you would like to work? (1)

a) What is the main reason you would like to work?

59. (Apart from work) do you ever get out on your own without your child? If so, what kind of things like shopping, have your hair done, meet a friend and so on?

If yes (1)

a) On how many days have you been out on your own without your child in the last 4 weeks?

b) What happens to (0-4 yr olds) then? FATHER WHO LOONS AFTER THEM

Yes..... 1
 No..... 2
 other (specify)..... 3

What happens to (0-4 yr olds) then? FATHER WHO LOONS AFTER THEM

Yes..... 1
 No..... 2
 other (specify)..... 3

What happens to (0-4 yr olds) then? FATHER WHO LOONS AFTER THEM

Yes..... 1
 No..... 2
 other (specify)..... 3

Q. 59 (cont'd) ...

TO ALL

c) Do you get out on your own as much as you would like to or not?

Yes..... 1
 No..... 2

60. Do you and your husband ever manage to get out together without the children?

If yes (1)

a) On how many days have you done that in the last 4 weeks?

No. of days

b) Who usually babysits?

older children..... 1
 other relative (specify)..... 2
 friend/neighbour..... 3
 other (specify)..... 4

c) Do you get out together as often as you would like or not?

Yes..... 1
 No..... 2

61. a) If there were an emergency - say if you had to go to hospital or to work or two - who would look after (0-4 yr. olds)?

don't know..... 1
 husband..... 2
 mother..... 3
 informant's mother-in-law..... 4
 other relative (specify)..... 5
 friend/neighbour..... 6
 other (specify)..... 7

b) Have (ANY OF 0-4 YR OLDS) ever had to look after themselves or might or would by someone other than your relations or friends because there was no one else to look after him?

If yes (1)

(i) Who was it who looked after him/then?

CHILD NO.

1.....
 2.....
 3.....

CODE ALL THAT APPLY

Husband..... 1
 Older relative..... 2
 Other relative (specify)..... 3
 friend/neighbour..... 4
 playgroup/nursery/school..... 5
 other (specify)..... 6

CODE ALL THAT APPLY

1.....
 2.....
 3.....
 4.....
 5.....
 6.....
 7.....

Yes..... 1
 No..... 2

CHILD NO.

1.....
 2.....
 3.....

CODE ALL THAT APPLY

1.....
 2.....
 3.....
 4.....
 5.....
 6.....
 7.....

72. All kinds of pre-school facilities have been provided in various places. Here is a list of some kinds (HAND CARD E TO INFORMANT)

Can you look at this and tell me which, if any, you would prefer for (child) at present - now he is (STATE AGE)

	1	2	3
72. All kinds of pre-school facilities have been provided in various places. Here is a list of some kinds (HAND CARD E TO INFORMANT)			
Can you look at this and tell me which, if any, you would prefer for (child) at present - now he is (STATE AGE)			
a) Why would you not want any of them for (child) at present?			
b) Why would you prefer for (child) at present?			

73. (If Q-4 Y) One went to a playgroup, nursery or nursery school. What kind of place was it? (If Q-4 N, skip this question and go to Q-5) What the children are doing and to help or do you think it's best left to the people who run it?

would like to stay.....
best left to people who run it...
Other (specify)

IF CHOOSE NOTHING OR CHILD UNDER ONLY FOR ANY CHILD

	1	2	3
IF CHOOSE NOTHING OR CHILD UNDER ONLY FOR ANY CHILD			
a) If you could stay and help when (child) went to a playgroup, nursery or nursery school, would you like him to go to one of these places now?			

	1	2	3
Q.73 (cont'd)			
If yes (1) to a)			
b) What would you like him to go to?			
day nursery	1	1	1
play group	2	2	2
nursery school/class	3	3	3
IF HAS CHOSEN ANY PRE-SCHOOL FACILITY AT Q.72 OR 73:			
IN: chose no facility	X	X	X
74 a) Ideally now, on how many days a week would you like (child) to attend (CHOOSE)			
1 day	1	1	1
2 days	2	2	2
3 days	3	3	3
4 days	4	4	4
5 days	5	5	5
6 days	6	6	6
7 days	7	7	7
b) If there were a complete choice, what hours would you like child to attend (CHOOSE)			
(USE 24 HR CLOCK)			
CHILD NO....			
from			
to			
CODE AFTER INTERVIEW			
BEFORE 07.00	1	1	1
07.00-07.30	2	2	2
07.31-08.00	3	3	3
08.01-09.00	4	4	4
AFTER 09.00	5	5	5
LATEST FINISHING TIME			
BEFORE 16.00	1	1	1
16.00-17.00	2	2	2
17.01-18.00	3	3	3
18.01-19.00	4	4	4
AFTER 19.00	5	5	5

F

CLASSIFICATION

1. MARITAL STATUS OF INFORMANT

If currently married or cohabiting 1
 Is this your first marriage? 1
 or have you been married before? 2

If not currently married nor cohabiting
 divorced 2
 separated (in fact) 3
 date of end of 4
 widowed 5
 single 5

Serial No

H/hold No					
Family No					
Day	Month	Year			

Date of start of
(first) marriage/.....
 cohabitation

Date of start of
(first) marriage
 Date of end of
(last) marriage

2. AGE OF COMPLETING/EXISTING
EDUCATION

Informant *Spouse
 married 1 1
 15 yrs or under 2 2
 16-17 yrs 3 3
 18-19 yrs 4 4
 20 yrs & over 5 5
 D.K./N/A 5 5

3. COUNTRY OF BIRTH

Informant *Spouse
 married 1 1
 U.K. 2 2
 Eire 3 3
 W. Indies 4 4
 India/Pakistan 5 5
 Africa 6 6
 Europe 7 7
 Other (specify) 8 8
 Informant 9 9
 *Spouse 10 10
 N/A 11 11

4. TYPE OF H/HOLD ACCOMMODATION

1 whole house 1
 2 flat/maisonette (s.c.) 2 ask a)
 3 room(s) 3
 4 caravan 4
 5 other (specify) 5
 IF FLAT/MAISONETTE/ROOMS
 part of accommodation 6
 ground floor 1
 first floor 2
 below street level 3
 other (specify) 4

5. OWNERSHIP OF H/HOLD ACCOMMODATION

Owned by h/hold or being
 bought 1
 rented from Council or New
 Town Corporation 2
 privately rented - furnished 3
 privately rented - unfurnished 4
 Housing Association 5
 tied to occupation 6
 other (specify) 7

6. HOUSEHOLD BATHROOM USE

1 sole use of bathroom 1
 2 shared use of bathroom but
 no separate bathroom but
 own hot water supply 2
 3 sole use of bathroom with
 as above, but... shared 3
 4 no permanent fixed bath 4
 5 no permanent fixed bath 5

7. HOUSEHOLD LAVATORY

1 sole use 1
 2 shared use 2
 at least one h/hold
 lavatory

8. HOT WATER SUPPLY

1 permanent fixed hot water
 supply-sole use 1
 2 shared use 2
 3 no permanent fixed hot
 water supply 3

9. NUMBER OF BEDROOMS

Include unused bedrooms
 and bed-sitters
 Household has →

11. DURATION OF RESIDENCE

How long has informant lived
 in present accommodation? 1
 less than 3 months 2 ask a)
 3 mths but less than 6 mths 3
 6 mths but less than 1 yr 4
 1 yr but less than 2 yrs 5
 2 yrs or more 5

12. CAR USE

Does informant normally have
 use of a car during the day
 on at least one weekday
 Yes 1
 No 2

13. TELEPHONE USE

1 H/hold has own telephone 1
 2 Shares telephone 2
 3 Has no telephone 3

14. INCOME FROM ALL SOURCES AFTER
DEDUCTIONS FOR TAX PAY

Annual Weekly
 Up to £780 up to £15 1
 over £780-£1040 over £15-£20 2
 over £1040-£1560 over £20-£30 3
 over £1560-£2080 over £30-£40 4
 over £2080-£2600 over £40-£50 5
 over £2600-£3120 over £50-£60 6
 over £3120 over £60 7
 None 8
 D/K 9
 Refusal 10

USE CARD F

Husband/Husband
 only and wife

FINAL QUESTION

15. Is there anything else you would like to say about nurseries, playgroups or any other services for small children?

No..... 1
other (specify).... 2

END OF INTERVIEW

16. CHILD NO.

1			2			3		
W	C	N.S.	W	C	N.S.	W	C	N.S.
1	2	3	1	2	3	1	2	3

17. DURATION OF INTERVIEW

Minutes

18.

No of calls made by Interviewer 1.....

No of calls made by Interviewer 2.....

19. Did informant ask you for advice or how to obtain advice or help for child(ren) during or after interview?

Yes..... 1
No..... 2





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